

MICHIGAN STATE UNIVERSITY
University Archives and Historical Collections Transmittal and Inventory Form

PAGE 1 OF

University Archives and Historical Collections
 Conrad Hall, 888 Wilson Road, Room 101
 East Lansing, MI 48824 Email: *archives@msu.edu*

FOR ARCHIVES USE ONLY
 ACCESSION NUMBER

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

1) DEPARTMENT/UNIT OR DONOR		2) DATE	
3a) HEAD OF UNIT AUTHORIZATION - PRINT NAME		3b) SIGNATURE	
4a) PERSON WITH INFORMATION ABOUT THESE RECORDS		4b) E-MAIL	
4c) CAMPUS MAIL ADDRESS		4d) PHONE W/ EXTENSION	
7) RECORDS TITLE			
8) DESCRIPTION/COMMENTS			
		Restricted: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p><u>Analog Records</u> Date Range of Records: _____ Number of Boxes: _____ Record Format Types (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documents (paper) <input type="checkbox"/> Photographs/Images (prints, slides, negatives, etc.) <input type="checkbox"/> Moving Image (Film, VHS tape, DV tape, etc.) <input type="checkbox"/> Audio (cassette tape, reels, etc.) <input type="checkbox"/> Other _____ 	<p><u>Electronic Records</u> Date Range of Records: _____ Total Size of Folders/Files (MB or GB): _____ Record Format Types (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Text (e.g. reports, minutes, contracts, email) <input type="checkbox"/> Images (e.g. jpg, png, tiffs, PDFs) <input type="checkbox"/> Video (e.g. How to videos, event recordings) <input type="checkbox"/> Audio/Sound recordings (interviews, presentations) <input type="checkbox"/> Software/Multimedia (PowerPoint, CAD) <input type="checkbox"/> Databases/Data <input type="checkbox"/> Websites <p>File Formats/Extensions (e.g. .doc, .pdf): _____</p> <p>Transfer Methods (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Media _____ <input type="checkbox"/> Electronic Transfer _____
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Record Group/Collection Number:	Location:	Archives Staff Name:
Date Accessioned:	Retention Period:	Comments:
Date Received:	Assigned Destruction Date:	
Archives Director Signature:		

MICHIGAN STATE UNIVERSITY
University Archives and Historical Collections Records
Box/Object Inventory

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BOX / OBJ NO.	FOLDER / FILE NO.	FILE FOLDER TITLE	DATES

COMMENTS