

**RECORDS TRANSFER LIST**

STD. 71 (REV. 3-96)

**\*Transfer lists must reflect the Records Retention Schedule. To avoid delay in acceptance by the Records Center, follow instructions on the reverse.**

**\*FOLLOW  
INSTRUCTIONS ON THE  
SECOND PAGE**

DEPARTMENT California State University, Sacramento	BILLING CODE (1)	PAGE OF PAGES
ORGANIZATIONAL UNIT	DESTRUCTION DATE (2) (Year) (Quarter)	TRANSFER LIST NO. (3)
ADDRESS (Number and Street)	DESTRUCTION METHOD (5)	VOLUME TRANSFERRED (6) CU. FT.
STORAGE LOCATION (4) <input type="checkbox"/> RECORDS CENTER <input type="checkbox"/> SRC VAULT	SCHEDULE NUMBER (8)	APPROVAL NUMBER (9)
STORAGE TYPE (7)		

BOX NUMBER (10)	DESCRIPTION OF RECORDS MUST BE THE SAME AS DESCRIPTION ON SCHEDULE (DOUBLE SPACE BETWEEN ENTRIES) (11)	SRC STORAGE NO. (FOR RECORDS CENTER USE ONLY) (12)	YEARS COVERED BY RECORDS (13)	ARCHIVES FLAG (14)	ITEM NUMBER (15)

RECORDS FORWARDED BY (Signature)	(Typed or Printed Name & Title)	TELEPHONE NUMBER	DATE FORWARDED
APPROVED BY DEPARTMENTAL RECORDS MANAGEMENT COORDINATOR (Signature)	Sacramento State Records Management Coordinator	(916) 278-2537	DATE APPROVED
RECORDS RECEIVED BY (Signature)	(Title)		DATE RECEIVED

## RECORDS TRANSFER LIST INSTRUCTIONS

Please type all information on the Records Transfer List (STD. 71) in accordance with the information given below.

**USE A SEPARATE TRANSFER LIST FORM FOR EACH DESTRUCTION DATE.**

**ALL REQUIRED FIELDS NEED TO BE FILLED OUT COMPLETELY. ANY BLANKS WILL CAUSE THE FORM TO BE RETURNED.**

- 1. ORGANIZATIONAL UNIT:** Enter your department name.
- 2. CITY AND ZIP CODE:** Sacramento, CA 95819-XXXX (use your own department zip)
- 3. DESTRUCTION DATE (2):** Enter year and quarter, e.g., 1994, 2.
- 4. DESTRUCTION METHOD (5):** Enter "Confidential" if needed, otherwise leave blank.
- 5. PAGES OF PAGES:** Enter total number of pages of the Records Transfer List Form, begin with one.  
**\*TRANSFER LIST NO.:** Will be completed by the University Records Management Coordinator
- 6. VOLUME TRANSFERRED (6):** Enter total number of boxes altogether (10 max per page). Each box is one cubic ft.
- 7. BOX NUMBER (10):** Start with "1" and continue.
- 8. DESCRIPTION OF RECORDS (11):** Type description of contents of boxes.
- 9. YEAR/S COVERED BY RECORDS (13):** Indicate all years covered
- 10. ITEM NUMBER (15):** Type "Exempt"
- 11.** Sign in space marked "Records Forwarded By". Fill in telephone number and date forwarded. Please leave all other areas blank! The second signature line is reserved for the University Records Management Coordinator.

- You must use sturdy archive-type boxes with lids. At least one end of the box must be free of all writing and markings except for the box number and the transfer list number. . LABEL EACH BOX WITH THE BOX NUMBER AND TRANSFER LIST NUMBER.
- Also, please place a copy of the signed and completed transfer list form under the lid, on top of the files.
- Send completed Transfer List forms to Margaret Hwang, 6038, University Records Management Coordinator; who will arrange for transfer of your records to State Records Center.
- The forms will then be sent to State Records Center for approval. When they are approved you will be notified for a scheduled pickup of the boxes.
- If you have questions about these instructions, please call the University Records Management Coordinator at extension 8-2537.