



The University of Western Ontario Archives
**UNSCHEDULED RECORDS
TRANSFER FORM**

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(For semi-active storage of University records not covered
by an approved Records Retention and Disposal Schedule)

Office/Unit Name: _____ Address: _____ E-Mail: _____ Tel: _____
Contact Name: _____ Title: _____ E-Mail: _____ Tel: _____

Series Title: _____ Inclusive Dates: _____ Number of Boxes: _____

Access Role/Title: _____ Incumbent Name: _____ E-Mail: _____ Tel: _____
Access Role/Title: _____ Incumbent Name: _____ E-Mail: _____ Tel: _____
Access Role/Title: _____ Incumbent Name: _____ E-Mail: _____ Tel: _____

I authorize the transfer of the records described below and on all attached form(s) to the Archives and Research Collections Centre or a satellite storage facility under the auspices of Western Archives' records centre service, on the understanding that they remain the property of the unit. I also authorize the staff listed above to retrieve records as needed and understand that no other access will be provided without the express permission of the unit.

I understand that Western Archives will not implement final disposition (archival preservation or destruction) of the records without additional written authorization from the unit unless an approved Records Retention and Disposal Schedule subsequently authorizes final disposition, in which case the unit will be contacted before final disposition is implemented and will be provided with an opportunity to comment.

Unit Head/Designate (Print name) _____ Signature _____ Position Title _____ Date _____

Archives Use Only	Box Number	Box Contents (Indicate alphabetic or numeric range of files in each box or attach list if available)	From: Mon/Yr	To: Mon/Yr