



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

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(For semi-active storage of University records in accordance with an approved Records Retention and Disposal Schedule. Use one form per scheduled series.)

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

Series Title: _____	Inclusive Dates: _____	Number of Boxes: _____
Schedule Title: _____	Schedule Number: _____	Effective Date: _____

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 until the end of their scheduled retention period. 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 implement final disposition (archival preservation or destruction) of the records in accordance with the provisions of the Records Retention and Disposal Schedule identified above. I also understand that 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 _____
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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