



Youngstown State University
 One University Plaza
 Youngstown, Ohio 44555

Records Transfer and Receipt

Agency/Entity Contact Person Telephone

Dept Name: Address E-mail

Records transferred to: Restrictions to access or use, if yes explain.

Your Box No.	Record Group Code:	Record Series Title	Record Series Description	Date range (beginning to end)	Disposal Date	Acc. No:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Agency/Records Officer (print and sign): _____ Date of authorization:

Transferred Received by (print and sign): _____ Date Recieved:

Pages:

Returned to (print and sign name): _____ Date of Return: