California State University Stanislaus

RECORDS TRANSFER LIST

Record Management Office Use
BOX NO.

SUBMITTING DEPARTMENT INFORMATION

Date:_____

Submitted By: _____ Department _____

Dept. Head:_____ Signature _____

RECORD DISPOSITION

◯ Recycle ◯ Shred Disposition Year_____

DESCRIPTION OF RECORDS	DATES COVERED	
	From	To