

LUTHER COLLEGE

Records Management

Office of Origin: _____

Person responsible for Transfer: _____

Phone number: _____

Name of Records: _____

Destroy:

_____ yes _____ no

Date scheduled for destruction: _____ month _____ year

Transfer to:

_____ Financial Services cage

_____ Archives

_____ Confidential Destruction

Delivered by: _____

(NAME)

(DEPARTMENT)

(Please sign legibly)

**ALL BOXES MUST HAVE THIS LABEL FILLED OUT BEFORE
TRANSFER AND DELIVERY TO LIBRARY. NO EXCEPTIONS.**

Archives use only

Date Accessed: _____

Accession Number: _____