Records Management Office

RECORDS TRANSFER REQUEST

CLEMSON UNIVERSITY

Department NUMBER and NAME	Office address	Number of boxes
Telephone	EMAIL ID and Name (no students)	
FAX		

Special notes	Date received in Records Center

Box #	Description of contents with dates. List each box separately.	CU retention schedule #	RC Location #

After completing this form fax it to 656-1792.

(Rev. 7/2007)