St. Ambrose University Archives — Records Transmittal Form

Transmitting Office: _____

Building & Room: _____ **Phone:** _____

Description of records: (Give overall title of records, contents in general, dates involved.)
An attached list is acceptable.

Box #	Record Description	Inclusive Dates of Records	Scheduled Disposal Date

Total Number of boxes: _____

Restrictions on Records: YES NO _____ (If yes, explain)

ARCHIVES USE ONLY

Transmitting Office Representative	Date	Accession #
University Archives Acknowledgement	Date	Record Group

2009