Records Management Department

**RECORDS TRANSMITTAL LIST**

Snell Hall Room 207

541-885-1105

**For Office Use Only**:
**Department Code:** Acce**ssion Number:**

|  |  |
| --- | --- |
| 1. **Department:**

 | 1. **Department Accession Code:**
 |
| 1. **Prepared by:**
 | 1. **Phone Number:**
 |
| 1. **Record Pickup Location** (Building and Room):
 |
| 1. **Are these Records Confidential?**

[ ]  **Yes or** [ ]  **No** | 1. **Are These Records Permanent?**

[ ]  **Yes or** [ ]  **No** |
| 1. OAR Series Number Example: (166-475-0000) (02)

 | 1. **OAR Title: Administration Records**

  |
| 1. **Retention Years per OAR:**
 | 1. **Expected Destruction Date:**
 | 1. **How many Boxes:**
 |
| 1. **Box Number**

For Office Use Only! | 1. **Detailed Description of Box(es)**
 | 1. **Date Range**
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| 1. **Department Records Officer:**
 | 1. **Date of Transmittal Authorization:**
 |
| 1. **Transmittal Approved By:**
 | 1. **Date Approved:**
 |

**After accurately and completely filling out the form, please E-Mail the form to** **Records Management****.**