MARQUETTE UNIVERSITY ARCHIVES TRANSMITTAL FORM

Description of material include	ed in transfer:	
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Records Schedule Item Numb	ers:	
Please indicate any restriction organization and service:	s or special ha	ndling instructions for archival retention,
From: (Name of College/Scho	ol/Dept. or Offic	ce)
Transmittal Authorized by:		
Date:		Number of Containers:
Described for Architecture	O:	
Received for Archives by:	•	
	Date	

Please send two copies of this form with materials being sent to the archives, as well as a folder-level inventory of the boxes you are sending. The original copy of this form will be filed in the Archives, and the copy will be returned to the sender as acknowledgment of receipt.