MARQUETTE UNIVERSITY ARCHIVES TRANSFER FORM

Description of material included in transfer (fill out below or attach as separate document):	
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Records Schedule Item Numbers (if applicable):	
Please indicate any restrictions or special handling instructions for archival retention, organization, or service:	
	_
From: (Name of College/School/Dept. or Office)	Number of 0
Data	

Please send this form as an email attachment to University A level inventory of the boxes you are sending.