

Date: _____

WESTERN MICHIGAN UNIVERSITY ARCHIVES
RECORDS TRANSFER/DISPOSAL REQUEST

Submit this form to the Archives and retain a copy for your files.

_____ REQUESTS THAT THE FOLLOWING RECORDS BE:
(Department or Office)

- A. Destroyed
- B. Retained at the discretion of the University Archivist
- C. Retained for _____ years
- D. Retained permanently

(Signature of Department Head/Director)

Please list or describe records and inclusive dates below:

(Attached additional sheets if necessary)

Approved:

(Director, Archives and Regional History Collections) (Date)

(Manager, Business Services) (Date)