

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)

\_\_\_\_\_  
(Director, Business Services) (Date)