University Archives Records Transfer Form

University of Illinois Archives Room 146 Main Library, 1408 W. Gregory Dr., Urbana, IL 61801 Phone: (217) 333-0798 Email: illiarch@illinois.edu

Donors or their representatives should complete this form when transferring records to the University Archives. When possible, send this form (and if applicable, a box/folder title list) electronically prior to sending records. We will then advise you on the appropriate transfer method. If you have any questions about this form, please contact the University Archives.

Name		Date
TitleU:	niversity Affilia	ation
Email Address		Phone Number
		Item Relationships, Duplicated/Missing Materials):
Subject Areas (check all that apply	r):	
Correspondence	Memoirs	Publications
Diaries	Research	
Speeches/lectures	Manuscrip	pts Biographical information
Electronic Records		Analog Records
Date Range of Files		Date Range of Records
Extent of Records		Number & Size of Boxes
Record Types (check all that apply	<i>י</i>):	
Text (e.g., reports, contracts, email) Images (e.g., tiffs, PDFs)		Record Types (check all that apply):
Video (e.g., How-to videos, event	recordings)	Text/Documents
Audio/Sound Recordings (e.g., i		Photographs/Still Images
Software/Multimedia (e.g., SVG	, Python)	Video
Databases/Data (e.g., relational		Audio
Websites (e.g., archived, content	:-based.)	Software/Multimedia
File Formats/Extensions (e.g., .doc, .pdf):		Databases/Data
		Other
Describe Technical Information	n. (e.g., file	Transfer Methods (check all that apply):
structure and organization, software, OS, hard	, 0,	Shipping (Provider
conventions, and original location).		U.S. Mail
		Personal delivery/pickup
		Other
Transfer Methods (check all that	apply):	
CD-ROM/DVD-R/W USB Flash	Drive	
	LDIIVC	
Email Other		