



## RECORDS TRANSFER AUTHORIZATION

College or Administrative Unit	
Department	
Office	
Series Description (include date, volume, and other information as needed):	
Restrictions a. Statutory:	
b. University imposed:	
<input type="checkbox"/> Box List Attached	
<input type="checkbox"/> Permanent Archival Records	
<input type="checkbox"/> Dispose after          Years	
I hereby authorize the transfer of the following inactive records to CSU Libraries. I understand that Archives & Special Collections will review the records and may dispose of materials determined not to be of historic or administrative value. Closure of university records is subject to compliance with applicable laws.	
Head of College, Department, or Administrative Unit	Date
Head of Digital and Archive Services, as Authorized by Dean of Librarians	Date