

NEIU UNIVERSITY ARCHIVES

INTAKE REQUEST FOR UNIVERSITY RECORDS

OFFICE/ DEPARTMENT: _____

LOCATION: _____

CONTACT PERSON: _____ EXTENSION: _____
E-MAIL: _____

DESCRIPTION OF RECORDS TO BE TRANSFERRED:

DATE SPAN OF RECORDS: _____

NUMBER OF BOXES (TOTAL): _____

RECEIVED AT UNIVERSITY ARCHIVES: _____ (Date)
BY: _____

ACCESSION NO.: _____

NOTES: