



RECORDS TRANSMITTAL LIST

Records Management Department
CEET Building Room 263
541-885-1105

For Office Use Only

Department Code: _____

Accession Number: _____

1. Department:		2. Department Accession Code:	
3. Prepared by:		4. Phone Number:	
5. Record Pickup Location (Building and Room):			
6. Are these Records Confidential? <input type="checkbox"/> Yes or <input type="checkbox"/> No		7. Are These Records Permanent? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
8. OAR Series Number Example: (166-475-0000) (02) (This is a must. Will not accept if the number is not on the form)		9. OAR Title: Example: Administration Records (This is a must. Will not accept if the information is not on the form)	
10. Retention Years per OAR:		11. Expected Destruction Date(s):	12. How many boxes?

Box	For Office Use Only	Detailed Description of what's in the box(es) (each line represents a box)	Date ranges of files in box
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Department Records Officer:		Date of Transmittal Authorization:	
Transmittal Approved By:		Date Approved:	

After accurately and completely filling out this form, please E-Mail the form to [Records Management](#).