



The University of Scranton
Diversified Information Technologies, Inc.
Box (Container) Transfer Form

Instructions: Please complete this form **for each container** sent to Records Storage Services. **Sections 1 and 2 are required.** Section 3 is to be completed only for adding new records that have never before been sent to Records Storage Services. Place a completed form in each container, under the lid, on top of container contents. Contact Mailing Services with any questions and to have records picked up.

1: INFORMATION ABOUT YOUR DEPARTMENT

Department & Code (Budget):

Date:

Requestor's Name:

Telephone: (570) 941-

Building/Room #:

Fax: (570) 941-

2: CONTAINER ASSIGNMENT/INFORMATION

DIT Bar Code Label #: _____

RETENTION DATE: _____

DESCRIPTION OF CONTAINER CONTENTS:

3: NEW ADDITION INFORMATION

This section to be completed **only** when adding new records.

Retention Period in years: _____ (see [How long records should be stored](#) for suggested retention dates.)

Requestor's Signature: _____ Date: _____

4: OPTIONAL:

INDIVIDUAL FILE LISTING: *If you would like DIT to maintain a complete list of all individual files in its database, please attach to this form a list of files included in this container. (Diversified Information Technologies, Inc. charges an extra fee for this service)*

CHECK HERE _____