Records Management Department

**RECORDS TRANSMITTAL LIST**

Snell Hall Room 211

541-885-1105

**For Office Use Only**:   
**Department Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Acce**ssion Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| 1. **Department:** | | 1. **Department Accession Code:** | | |
| 1. **Prepared by:** | | 1. **Phone Number:** | | |
| 1. **Record Pickup Location** (Building and Room): | | | | |
| 1. **Are these Records Confidential?**   **Yes or  No** | | | 1. **Are These Records Permanent?**   **Yes or  No** | |
| 1. **<http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_166/166_475.html>**   OAR Series Number Example: (166-475-0000) (02)  **Click here to enter OAR Number** | | | 1. [**http://arcweb.sos.state.or.us/pages/rules/oars\_100/oar\_166/166\_475.html**](http://arcweb.sos.state.or.us/pages/rules/oars_100/oar_166/166_475.html)   **OAR Title: Administration Records**  **Click here to enter OAR Title.** | |
| 1. **Retention Years per OAR:** | | | 1. **Expected Destruction Date:** | |
| 1. **Box Number**   For Office Use Only! | 1. **Detailed Description of Box(es)** | | | 1. **Date Range** |
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| 1. **Department Records Officer:** | | | 1. **Date of Transmittal Authorization:** | |
| 1. **Transmittal Approved By:** | | | 1. **Date Approved:** | |

**After accurately and completely filling out the form, please E-Mail the form to** [**Records Management**](mailto:records.archives@oit.edu?subject=Records%20Transmittal)**.**