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****.**