



The United Church of Canada Living Skies Region

Records Transfer Authorization

Transfer of Conference/Region Records to Archives

Title of Records:

Control No.:

File Classification(s):
(if applicable)

Disp. Date:
(latest known)

Records Date(s):

Boxes:

Records Source:
(e.g. work unit)

List attached? Y / N

Contact Person:

E-list available? Y / N

Media/Format(s):
(circle all applicable)

Paper

Digital

Photos / Slides

Audio

Video

Access / Privacy Restrictions:

Description of material recommended for transfer:

(Brief summary and/or notes only – attach list for detailed information)

Recommended by: _____
Work Unit Leader (or designate)

Date: _____

Approved by: _____
Regional Archivist (or designate)

Date: _____

Confirmation of Transfer

Reference No.: _____

Boxes: _____

Transferred by: _____

Date: _____

Received by: _____
Regional Archivist

Extent: _____

Signed: _____

Date: _____

RECORDS TRANSFER LIST

Title of Records:

Control #

List By:

List Date:

[illegible]