



# Transfer of Custody

**ROUTING**  
RMR, MSC 3FSA  
rmroffice@nmsu.edu  
Phone 646-8324  
Fax 646-1994

This form is for the transmittal of documents from one NMSU department to another NMSU department.

## SECTION 1: REQUESTOR INFORMATION

Name of Person Submitting Form: \_\_\_\_\_ Title: \_\_\_\_\_

Department Transferring Documents: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Campus Box: \_\_\_\_\_ Building and Room: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Brief Description of Documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inclusive Dates (MM/YYYY): \_\_\_\_\_ - \_\_\_\_\_

Number of Boxes: \_\_\_\_\_

Amount of Digital Material: \_\_\_\_\_

Does this transfer contain any confidential documents?

- Yes     No     Not Sure

## SECTION 3: APPROVAL

Transferred from: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by University Archives (if applicable):

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_