

CNM Transfer Custody Form

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

Department Transferring Documents: _____

Name of Person Submitting Form: _____

Title: _____

Email Address: _____

Phone: _____

Campus Box: _____ **Building and Room:** _____

Brief Description of Documents: _____

Inclusive Dates (mm/yyyy – mm/yyyy): _____

Number of Boxes: _____

Amount of Digital Material: _____

Does this transfer contain any confidential documents? Yes No Not Sure

Transferred from: _____

Received by: _____

Signature

Signature

Title

Title

Date

Date