



# RECORDS TRANSMITTAL LIST

Records Management Department  
CEET Building Room 263  
541-885-1105

For Office Use Only:

Department Code: \_\_\_\_\_

Accession Number: \_\_\_\_\_

1. Department:		2. Department Accession Code:	
3. Prepared by:		4. Phone Number:	
5. Record Pickup Location (Building and Room):			
6. Are these Records Confidential? <input type="checkbox"/> Yes or <input type="checkbox"/> No		7. Are These Records Permanent? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
8. <a href="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</a> OAR Series Number Example: (166-475-0000) (02)		9. <a href="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</a> OAR Title: Administration Records	
10. Retention Years per OAR:		11. Expected Destruction Date:	12. How many boxes?
13. Box Number For Office Use Only	14. Detailed Description of Box(es)		15. Date Range
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
16. Department Records Officer:		17. Date of Transmittal Authorization:	
18. Transmittal Approved By:		19. Date Approved:	

After accurately and completely filling out the form, please E-Mail the form to [Records Management](#).