University of Missouri TRANSMITTAL OF RECORDS TO UNIVERSITY RECORDS CENTER

Colu	umbia (37)	Rolla (38) Kansas City	(39) St. Louis (40)	UM System (4	41) Hospital (42)	Univ. Physi	cians (43)	s and Children's	Hosp. (44)
epartment Na	me				EACH FORM UM 34 CA	N BE USED TO	SEND	UP TO 15 BOX	ES TO THE F	RECORDS
Department Ad	dress (Room, Bu	uilding, and Campus)	Customer Number		For your records, crea	te a detailed lis	ting of	the contents o	f each box. (Optional)
ocation of Records to be picked up					See the Completion Instructions for help completing this form. Shaded area for Records Management use only					only
Sequential	Description of Records (Please refer to the Records Retention Guide)				Authorization	Year of the Record	Location in Ret. Period Disp.			
Number		(Please refer to the Rec	cords Retention Guide)		Code	tile Record		Records Center	Perio	Ju
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Oate Transferred Contact Name		Contact Name	Contact E-mail Address		Contact Phone	Analyst Approva		Shelved By	Date	