

Instructions for using form UM34 to send new boxes to the Record Center for storage.

You can access form UM34 at the following location:
<http://www.umsystem.edu/ums/fa/management/records/forms/records/>

1. **SAVE THE FORM BEFORE COMPLETING AND SENDING!** After opening the form save it on your local drive or an accessible network using your customer number as the name of the form.
2. Fill out the following static information areas (Campus/Hospital Radio Buttons (**one of the eight circles at the top of the page**), Department Name, Department Address, Customer Number, Contact Name, Contact Email Address, and Contact Phone)
3. When you are ready to send boxes, **fill in the remaining areas outlined in red** (Sequential Number, Description of Records, Year of Record & Date Transferred). If you know the appropriate Authorization Code, you may enter that, as well. When you have listed all your boxes, click the “**Submit Form**” button. Add any special information to the email that pops up & click “Send.”
4. a. If you use an email product other than MicroSoft Outlook the “Submit Form” button may not work. You will need to create an email in the product you use, type or paste recordstransmittal@umsystem.edu into the To: field, and attach the completed form.

University of Missouri

TRANSMITTAL OF RECORDS TO UNIVERSITY RECORDS CENTER

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Columbia (37)
 Rolla (38)
 Kansas City (39)
 St. Louis (40)
 UM System (41)
 Hospital (42)
 Univ. Physicians (43)
 Women’s and Children’s Hosp. (44)

Department Name

Department Address (Room, Building, and Campus) Customer Number

Location of Records to be picked up

EACH FORM UM 34 CAN BE USED TO SEND UP TO 15 BOXES TO THE RECORDS CENTER.

For your records, create a detailed listing of the contents of each box. (Optional)

[See the Completion Instructions for help completing this form.](#)

Sequential Number	Description of Records (Please refer to the Records Retention Guide)	Authorization Code	Year of the Record	Shaded area for Records Management use only		
				Location in Records Center	Ret. Period	Disp.
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Date Transferred

Contact Name

Contact E-mail Address

Contact Phone

Analyst Approval

Shelved By

Date

UM 34 (Jun 18)

Submit Form