University of Missouri

TRANSMITTAL OF RECORDS TO UNIVERSITY RECORDS CENTER

Page _____ of _____

○ 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.

Shaded area for Records Management use only

Sequential Number	Description of Records (Please refer to the Records Retention Guide)	Authorization Code	Year of the Record	Location in Records Center	Ret. Period	Disp.

Date Transferred	Contact Name	Contact E-mail Address	Contact Phone	Analyst Approval	Shelved By	Date

UM 34 (July 18)

Submit Form

If you are not able to submit the form, please download the form to your device and then submit.