

**TROY University – Dothan Campus  
Archives of Wiregrass History and Culture**

**RECORDS TRANSMITTAL FORM**

Department Name: \_\_\_\_\_ Total Containers \_\_\_\_\_

Building / Room No.: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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Signature of Authorized Unit Official: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ (For Archives use only)