



INTERNAL TRANSFER FORM

Department Information

Department: _____

Department Contact Name, Phone, Email: _____

Address: _____

Records Information

Description of Records: _____

Creator of Records (name of office, department, organization, or person who created the records):

Date Range of Records: _____

Amount and Format of Records (e.g., 4 crates of print photographs, 6 boxes of paper, 8 gigabytes of electronic records): _____

Confidentiality

Does this transfer include confidential records? Yes No

If yes, please cite the reason and location. Reasons may include statute, regulation, or University Policy.

Privacy

Edith Garland Dupré Library, University of Louisiana at Lafayette will review the records in the transferred collection in an attempt to identify items that contain sensitive information. Please indicate below your awareness of records that may contain sensitive information.

To the best of my knowledge, these records do not contain sensitive information.

OR

I believe that the records are likely to contain sensitive information, such as:

Social Security Numbers

- Bank Account Numbers
 - Passwords
 - Medical Records
 - Counseling Records
 - Student Education Records
 - Employment Records
 - Records Covered by Attorney-Client Privilege
 - Research Data Subject to Human Subjects
 - Federally Classified or Federally Restricted Records
 - Personal Emails or Telephone Numbers
 - Other Records that have Specific Privacy Concerns. Please specify:
-

Repository

These records shall be placed in the following repository:

General Library Collections:

Centers:

General Collection

Ernest J. Gaines Center

Special Collections

University Archives

Acadiana Manuscripts Collection

Louisiana Room

Microforms

Cajun and Creole Music Collection

U.S. Government Information

Release of Records

I understand that Edith Garland Dupré Library, University of Louisiana at Lafayette will now serve as custodians of these University records and that it has the right to discard unwanted material. Unless the confidential nature of the records is indicated above, the records can be examined by the public without restriction.

Department Head, Print Name

Department Head, Signature

Date

-----**For Edith Garland Dupré Library Use Only**-----

Approved by: _____
Print Name/Title

Signature