

Control No. \_\_\_\_\_  
(Archives use only)

Pick-up Date \_\_\_\_\_  
(Archives use only)

Countway Library of Medicine  
Archives and Records  
Management Program  
617.432.6194  
[ARM@hms.harvard.edu](mailto:ARM@hms.harvard.edu)

## Transmittal Cover Sheet

---

**Department/Office:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_  
(please print)

**Telephone Number:** \_\_\_\_\_

I certify that I am authorized to send these records to the Records Center and that the following list is accurate. I understand that this office is responsible for the proper packing of all boxes sent to the Records Center, and that the Records Center may refuse delivery of improperly packed materials.

**Authorizing Official:** \_\_\_\_\_  
(print name) (date)

\_\_\_\_\_  
(please sign) (title)

---

**Number Of Containers/Items Sent:** \_\_\_\_\_

**General Records Schedule\*** or \_\_\_\_\_  
 **Special Schedule Numbers\*** \_\_\_\_\_

**Barcode Range:** \_\_\_\_\_

**Description of Materials:** \_\_\_\_\_

**Years Covered:** (for example: 1992-1997, 1999) \_\_\_\_\_

\*see Harvard University General Records Schedule (<http://grs.harvard.edu>) or Special Schedules. Boxes will not be picked up if owner has not assigned them a Schedule number.

- |   |
|---|
| <ul style="list-style-type: none"><li>✓ Please complete a Box List and a Folder/Item List using the forms provided.</li><li>✓ E-mail lists to <a href="mailto:arm@hms.harvard.edu">arm@hms.harvard.edu</a>.</li><li>✓ Scan and email PDF of signed cover sheet to ARM at <a href="mailto:arm@hms.harvard.edu">arm@hms.harvard.edu</a></li><li>✓ Spell out abbreviations and acronyms.</li></ul> |
|---|