



Container ___ of ___

SELA Records Transmittal Form to SELA Archives

Attach one copy of this form to each container or
bundle of records transferred

Name of Officer Transmitting Files:

(Give your name, even if the files you are transmitting are those of your predecessor.)

Institutional Address:

Email Address:

Phone Number:

Date of Transmittal:

SELA Office or Position You Currently Hold:

SELA Office(s) Represented by the Files:

Names of Other Officers (your predecessors) Whose Files are Included (if known):

Number of Files Being Transferred in this Container:

List of File Folders: _____
