

RECORDS BOX LABEL

DESTROY DATE: _____ **ACCN. #:** _____

(Archivist will enter the above data) (Archivist will enter the above data)

OFFICE: _____

CONTENTS: _____

Is a listing of box contents being sent to the archives digitally? _____

(send digital box contents to kendziorski_n@fortlewis.edu)

START/END DATES: _____ / _____

Instructions: Please attach this label to the narrow end of each box. Please also send (as an email attachment in MS Word) a digital file that lists the box contents (folder title followed by the earliest and latest dates of material in the folder).

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