

SC Department of Archives & History Electronic Records Transmittal Form

Transmit Records To: South Carolina Department of Archives & History Records Management	 Instructions: Decide which records are ready to be transferred. With the help of SCDAH, determine the best method of transfer for the chosen records. Complete the following transmittal form. Please complete one form per retention schedule. Send the completed form and transfer the electronic records to the Archives. 	
8301 Parklane Rd Columbia, SC 29223-4905 Telephone: 803-896-6119 Fax: 803-896-6138 E-mail: jhills@scdah.sc.gov		

Part I: Agency Information

1. Record Group Number:	2. Date of Transfer:	
3. Agency Name:	4. Division Name:	
5. Address:	6. Name of Records Officer (RO):	
7. Records Officer Telephone Number:	8. Records Officer Signature:	
9. Records Officer Email Address:		
10. Name of Transfer Contact (if different from RO):	11. Telephone Number:	
12. Transfer Contact Email Address:		

Part II: Record Information

13. Retention Schedule Number associated with these records:		
14. Retention Schedule Title associated with these records:		
15. Variant Title (Within Agency):		
16. Estimated size of Transfer (MB):	17. Inclusive Dates:	
18. Electronic Media included (Please check all that apply):	19. To the best of your knowledge, do these records contain Personally Identifiable Information (PII): □ YES □ NO	
 Tape CD/DVD Hard drive Removable Hard drive Other 	If yes, what kind? (Please check all that apply): Social Security Numbers Credit Card Numbers Passwords or PINs Other Please describe:	
20. File Format(s) included (Please check all that apply):		
□ PDF or PDF/A □ Microsoft Office		
□ Word □ Excel □ PowerPoint □ Access □ Publisher □ Images		
\Box JPEG \Box TIFF \Box PNG \Box Other		
□ Database (.accdb, .mdb, .dbf, .sql)		
□ Email (.pst files)		
□ Audio (.wav, .aiff, .wma, .mp3, .m4a)		
□ Video (.avi, .mp4, .mov, .wmv)		
□ Other Please describe:		