



**College of the Atlantic Archives and Special Collections
Records Transfer**

Office Information

Name of transferring office: _____

Records Information

Description of materials being transferred (attach separate listing if more space is needed)

Date Span: _____

Number of boxes: _____

Do these materials contain:

- ☐ Information relating to Personnel matters
- ☐ Information relating to student academic performance
- ☐ Medical information
- ☐ Financial information

Materials not added to the collection should be

- ☐ Returned.
- ☐ Allow the Archives to dispose of materials at their discretion.

How are these materials organized?

- ☐ Chronologically
- ☐ Alphabetically
- ☐ By topic
- ☐ By creator
- ☐ Not organized in any discernable way
- ☐ Other, please explain: _____

Name of person transferring materials: _____

Position/Title of person transferring materials: _____

Archivist Signature: _____ Date: _____

Accession Number: _____