

Connecticut College Archives Records Transfer Form

Please do not send unsolicited materials to the College Archives. Call x2686 first.

Please complete this form for each shipment of records you send to the College Archives. For many years this form will be the only source the college will have to locate and search past records. Be sure that the information you record here is accurate. Please insert one copy of this form in the front of Box #1 of your shipment. A signed copy of this form will be returned to you. Use the accession number at the bottom of this form when recalling files to your office.

Person preparing shipment: _____ Ext. # _____

Name of Office: _____

Date of preparation: _____ Number of boxes in shipment: _____

Records are being sent (check one)

_____ in compliance with an established records retention plan for your office.

_____ with prior permission of the College Archivist.

Inventory of Boxes

Please list files or record series contained in each box. Levels of confidentiality are one of three: *Open*; *Open at discretion of Archivist*; and *Closed*.

Box #	File Titles	Inclusive Dates	Recommended Level of Confidentiality

For Archives Use Only

These records, Accession # _____, were received by the College Archivist on _____ by _____.