

Chatham University Archives

Records Transfer Form

Contact the Archivist for advice and to confirm the transfer prior to sending any records to the Archives.

Contact Information:

School/Department: _____

Contact Person: _____

Phone: _____ Email: _____

Building and Room Number: _____ Today's Date: _____

Records Transferred:

Record types (check all that apply):

- Papers/Files
 Artifacts
 Audio/Visual
 Architectural Drawings
 Photographs
 Books/Pamphlets
 Digital files
 Other

Number of boxes: _____ Amount of digital material (items/file size): _____

Inclusive Dates of Records: From _____ to _____

Records Creator(s)/Office of Origin: _____

Description of Records:

Attach additional sheets if necessary.



Box #	Description, date range
1-2	President's correspondence, 2005

Staff Use:

Accession #: _____ Transfer Date: _____ Location: _____

Record Group(s) _____ Extent: _____