

Edmund S. Muskie Archives and Special Collections Library
Bates College

College Archives Records Transmittal Form

Any records transferred to the Archives must be accompanied by this form. Please fill out and save this form. Email a copy as an attachment to muskie@bates.edu, or send one through campus mail to the Muskie Archives; either way, keep a copy for your own records.

| | |
|---|--|
| Department or Office: | |
| Person Submitting Form Name: | |
| Position Title: | |
| E-Mail Address: | |
| Phone: | |
| Signature (necessary only if sending as a printout): | |
| Brief Description of Records: | In the box below, briefly summarize the materials being transferred. Include information about special formats, if necessary. Use the <Enter> key to add rows to this section as need. |
| | |
| **NOTE: On the next page of this form, please compile a list with brief box or folder descriptions. ** | |
| Date Span, or approximate (yyyy – yyyy): - | |
| Number of boxes: Or | Box or Item Dimensions: |
| Number of Folders/Items: | |
| Confidential records? <input type="checkbox"/> No (check one) <input type="checkbox"/> Yes | If Yes, provide details: |

For College Archives Use

Archives Staff: _____

Date Received: _____

Number of boxes provided: _____

Accession # _____

Notes:

