

Museum of Vertebrate Zoology Archives Transfer Report

TO BE COMPLETED BY THE APPROPRIATE STAFF MEMBER
AT THE TIME OF TRANSFER OF RECORDS TO THE MVZ ARCHIVES

STAFF MEMBER/STUDENT: _____ TELEPHONE NUMBER: _____

TITLE: _____ DATE: _____

DEPARTMENT: _____

LOCATION: _____

AGENCY HEAD: _____

RECORD TYPE(S) (check all that apply):

- AUDIO-VISUAL
- CORRESPONDENCE
- ELECTRONIC RECORDS
- FIELD NOTES
- FINANCIAL RECORDS
- MANUSCRIPTS
- MINUTES
- PHOTOGRAPHS

- PUBLICATIONS
- REPORTS
- REPRINTS
- STUDENT RECORDS
- SUBJECT FILES

OTHER (explain): _____

OTHER COMMENTS OR FURTHER DESCRIPTION OF CONTENT: _____

BEGINNING DATE OF TRANSFER RECORDS: _____ ENDING DATE: _____

HOW RECORDS ARE KEPT:

- CALENDAR YEAR
- FISCAL YEAR

TENURE OF OFFICE

OTHER (explain): _____

HOW RECORDS ARE ARRANGED:

- ALPHABETICALLY
- CHRONOLOGICALLY
- CODED

SUBJECT

OTHER (explain): _____

TYPE OF INDEX OR KEY AVAILABLE (attach copy):

- CODE KEY
- FOLDER HEADING LIST

OTHER (explain): _____

WHAT RESTRICTIONS ON ACCESS ARE REQUIRED:

- UNRESTRICTED
- RESTRICTED TO PERMISSION OF OFFICE

OTHER (explain): _____

MAY THE ARCHIVIST DESTROY RECORDS DEEMED NOT APPROPRIATE FOR PERMANENT PRESERVATION?

- YES NO

DONOR SIGNATURE: _____

ARCHIVIST SIGNATURE: _____