DOUGLAS COLLEGE
ARCHIVES TRANSFER AGREEMENT

Originating Department:	Contact:	Phone:	Date:

Series code: _____ Total boxes: _____ Retention Period: _____

Dept. File #	File Name or Description	Format(s)	Box #	Date Range

Additional file list attached ☐ Formats: T = Textual, P = Photographic, AV = Audiovisual, E = Electronic media

AUTHORIZATION TO TRANSFER

Responsible Administrator (name & title)	
Signature	Date
Records Manager Signature	Date

MATERIALS RECEIVED BY ARCHIVES

Archives Staff Signature	Date
Accession No.	

DOUGLAS COLLEGE

ARCHIVES TRANSFER AGREEMENT
ADDITIONAL FILE LIST

Series Code:	Originating Department:	Date:

Authorizing Officer (initials): _____

Dept. File #	File Name or Description	Format(s)	Box #	Date Range

Additional file list attached ☐

Formats: T = Textual, P = Photographic, AV = Audiovisual, E = Electronic media

FOR ARCHIVES USE ONLY		
Accession No:	Received date:	Archives Staff Signature: