NMC ARCHIVES Records Transmittal Form

DATE:				
CONTACT PERSON:				
EMAIL ADDRESS:				
PHONE NUMBER:				
TRANSFER OF RECORDS AND AI		a tha a tura y afau af magtania l		
It is the policy of the NMC Archives to encourage the transfer of materials to the Archives in keeping with the subject scope of the collection policy. Transfer of materials is conditioned on the evaluation by the College Archivist of the relevance of the materials to the collecting goals. Items accepted for transfer may, at the discretion of the College Archivist, be exchanged with other archives or otherwise disposed of.				
On a highly selective basis, the Col marginal value to College history o				llege history. Some items of
Name of Transmitting Office/De	epartment/D	onor:		
Type and Description of Transfe Office/Dept Records Personal Papers	er:	Media Photographs		Artifacts Other
Description:				
Estimated Volume:				
# Linear Feet: # File Folders:		#Boxes: #Other:		
Donor signature				Date
Archivist or library representative signature				Date
D(O NOT comp	lete the form below th	is line. Thank yo	ou.
Restrictions:				
Shelving Location:				
Notes:				
Received by:				