

Berry College Archives Records Transfer Form

Your Information

Name: _____

Title: _____

Department/Office: _____

Email Address: _____

Phone Number: _____

Basic Record Information

Number of Boxes: _____ Folders: _____ Items _____

Date Range of Records: _____

Signatures

I hereby authorize the transfer of the following records to the Berry College Archives

Signature _____ Date: _____

Received by:

Signature _____ Date: _____

Title: _____

Additional Record Information

Contents Description/Summary

Please attach Box/Folder or Item Titles List on separate sheet.