

# Records Transfer Form

C. Elizabeth Boyd '33 Archives  
Wilson College  
Chambersburg, PA 17201  
(717) 262-2049 or 2049

Department/Office \_\_\_\_\_

**Description of Records – be as specific as possible. Attach documents as needed.**  
(ex. minutes, correspondence, alumni records)

Dates (period covered by records)

Does this transfer contain any **confidential** records?

No       Yes

## Authorization of Transfer

Name and title of contact person \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

.....

## ARCHIVES USE ONLY

Number of Boxes \_\_\_\_\_ Location \_\_\_\_\_

Accession Number \_\_\_\_\_ Date Received \_\_\_\_\_