



**FRIENDS HISTORICAL LIBRARY OF
SWARTHMORE COLLEGE**
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**RECORDS TRANSFER RECEIPT
SWARTHMORE COLLEGE ARCHIVES**

Form updated 3/2017

Date transferred: _____

Transferring department: _____

Transfer agent (*person transferring records*): _____

Date span: approximately _____ to _____

Quantity (*in boxes, file drawers, gigabytes, etc.*): _____

Brief description:

I recommend this record series can be:

open to all researchers

restricted until the year: _____

restricted until certain documents are removed. The archivist should look for (*please list sensitive information/documents, like social security numbers, student grades*):

Anything else the Archivist should know? (*e.g. rights/copyright information*)

If any materials don't meet the Archives' collecting policy, please: shred return to me

Signature of Transfer agent Date Signature of Archivist Date

CLEAR FORM

Accession number: _____
(refer to this when inquiring about records)