

Archival Deposit Information Form
St. Olaf College Libraries & Archives
1520 St. Olaf Avenue
Northfield, MN 55057

Your Name: _____ Today's Date: _____

Department: _____

Campus Address: _____

Email: _____ Telephone: _____

Description of Materials: _____

Approximate Date of Materials (if known): _____

Type of Deposit: Scheduled (expected per your department's retention schedule) Unscheduled

Is the material arranged in a specific way?

No, not arranged

Yes, numeric

Yes, alphabetic

Yes, topical (by subject)

Yes, chronologic

Yes, other: _____

Provenance (where/who did the material come from or how did you come in to possession of the material):

Archives Use Only

Accessioned By: _____

Accession Title (include dates if relevant):

Accession Number: _____

Deed of Gift Completed Date: _____

Rights Transferred: _____

Date Acknowledged: _____

Acquisition Type:

Donation Transfer Copied material Other

Purchase /\$: _____

Existing Collection Title: _____

Inclusive Dates: _____

Access Restrictions? Yes No

Access Restrictions Note: _____

Privacy Confidentiality Cultural Sensitivity

Use Restrictions? Yes No

Use Restrictions Note: _____

Privacy Confidentiality Cultural Sensitivity

Condition:

Excellent Good Fair Poor

Explain: _____

Preservation Needs:

Water Damage Needs Cleaning Fragile/Brittle

Evidence of Insect Infestation Evidence of Mold

Active Mold Other Preservation Needs: _____

Contents:

- Textual records
 - Newspaper Clippings
 - Correspondence
 - Journals/Diaries
 - Departmental Records
 - Books/Publications
- Sound recordings
- Maps/plans
- Photographs
- Ephemera
- 3D Objects and Textiles
- Prints, Paintings, Drawings
- Film/video
- Electronic Records
- Microfilm
- Scrapbooks
- Other (describe): _____

Inventory List:

Extent (Size in Cubic Feet): _____

Extent Description/Number of Boxes: _____

Processed By: _____

Processing Started on: _____

Processing Completed on: _____

Entered Into the System By: _____

Date Entered: _____