

Transfer Form for University Records to the Esther Clark Wright Archives

Instructions:

- 1) This form is for use in transferring inactive records to the Esther Clark Wright Archives that have permanent archival value.
- 2) Do not request to transfer any materials that are currently required for any outstanding FOIPOP requests, claims, litigation, investigations, legal holds, or audits.
- 3) Fill out information about the department, contact information, and records information. Please read the transfer agreement carefully.
- 4) Attach your own file listing or complete the file listing template attached to the agreement. Include box numbers as applicable, formats, file dates, date ranges, and record types. Attach additional pages as needed.
- 5) Once completed, send this form to the Esther Clark Archives at archives@acadiau.ca. Archives staff will review your form and return a copy for you to retain in your records.
- 6) Do not transport or send material to the Archives until Archives staff have returned the form to you and scheduled the transfer.
- 7) If you have questions about identifying records with permanent archival value, this form, or the transfer process, contact the Archives at archives@acadiau.ca.

Transfer contact information

Name of department/school/office/committee:

Name and title of records custodian:

Email:

Phone number:

Records information

Description of records:

Date range:

Organization system used prior to transfer:

Custodial history:

Extent of physical records (how many boxes? What are the dimensions?):

Extent and format of digital records (how much space? What file formats?):

Records transfer

I authorize the transfer of records described herein to the Esther Clark Wright Archives. I am authorized to make this transfer on behalf of my department, school, or committee.

I certify that these records are no longer in active use and are not currently required for any outstanding FOIPOP requests, claims, litigation, investigations, legal holds, or audits.

I understand and agree that unless access restrictions have been specified under "other conditions", the records may be made accessible to any researcher, be digitized and made available to the public, or may be used in an exhibit at the discretion of Archives staff.

I understand and agree that records may not be returned once they are transferred to the archives, though I may request access to the material in the Archives. Copies may be made if necessary. Exceptions to this policy may be made in certain limited circumstances.

Initials of department representative _____

Other conditions, restrictions, or exemptions

Initials of department representative _____

Records management & transitory records

I certify that a representative from the department has examined the records designated for transfer and removed transitory or duplicate records that do not have permanent archival value or are not related to university business. If I had questions about which records the Archives may be interested in for permanent preservation, I have contacted Archives staff for advice.

I am aware that if Archives staff finds records transferred that do not have permanent archival value, those records will be returned to the department.

Initials of department representative _____

Signatures

Date of transfer to the Archives

Department contact

Date

Accepted by (Archives staff)

Date

