

Accession Form

Date Received	Accession No.	Accretion No.																																																
Official Name of Collection																																																		
Office of Origin/Source																																																		
Donor Name/Address																																																		
Restrictions	Vault Location	Database Serial Nos.																																																
Database Sign Off		Date																																																
General Description and Condition of Material		Total Size																																																
<p>Specific Description of Material:</p> <table border="0"> <thead> <tr> <th><u>Type</u></th> <th><u>Size</u></th> <th><u>Type</u></th> <th><u>Size</u></th> <th><u>Type</u></th> <th><u>Size</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Audio Recordings</td> <td>_____</td> <td><input type="checkbox"/> Memorabilia</td> <td>_____</td> <td><input type="checkbox"/> Photocopies</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Correspondence</td> <td>_____</td> <td><input type="checkbox"/> Microfilm</td> <td>_____</td> <td><input type="checkbox"/> Printed Materials</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Diaries/Manuscripts</td> <td>_____</td> <td><input type="checkbox"/> Movie Film</td> <td>_____</td> <td><input type="checkbox"/> Publications</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Financial Records</td> <td>_____</td> <td><input type="checkbox"/> Newspapers</td> <td>_____</td> <td><input type="checkbox"/> Reports</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Legal Documents</td> <td>_____</td> <td><input type="checkbox"/> Photographs</td> <td>_____</td> <td><input type="checkbox"/> Research Materials</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Maps/Charts</td> <td>_____</td> <td></td> <td></td> <td><input type="checkbox"/> Scrapbooks</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Type</u>	<u>Size</u>	<u>Type</u>	<u>Size</u>	<u>Type</u>	<u>Size</u>	<input type="checkbox"/> Audio Recordings	_____	<input type="checkbox"/> Memorabilia	_____	<input type="checkbox"/> Photocopies	_____	<input type="checkbox"/> Correspondence	_____	<input type="checkbox"/> Microfilm	_____	<input type="checkbox"/> Printed Materials	_____	<input type="checkbox"/> Diaries/Manuscripts	_____	<input type="checkbox"/> Movie Film	_____	<input type="checkbox"/> Publications	_____	<input type="checkbox"/> Financial Records	_____	<input type="checkbox"/> Newspapers	_____	<input type="checkbox"/> Reports	_____	<input type="checkbox"/> Legal Documents	_____	<input type="checkbox"/> Photographs	_____	<input type="checkbox"/> Research Materials	_____	<input type="checkbox"/> Maps/Charts	_____			<input type="checkbox"/> Scrapbooks	_____	<input type="checkbox"/> Other _____					
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<p>Arrangement of Material:</p> <input type="checkbox"/> Alphabetic <input type="checkbox"/> Chronologic <input type="checkbox"/> Numeric <input type="checkbox"/> Topical (Subject) <input type="checkbox"/> Not Arranged <input type="checkbox"/> Other _____																																																		
Approximate Inclusive Dates	Inventoried By	Date																																																
Additional Comments																																																		