Archival Donation Agreement

This form is for transferring records from a personal collection to the University Archives. Print and complete this form and bring or send it to the University Archives with your donation.

Donor Name:		
Mailing Addre	ess:	
Relationship t	o Marywood University:	
Description of	Item(s) to be Donated:	
Carton Number (if applicable)	Title(s) and/or Description(s) of Record(s) List file headings alphabetically or chronologically. Example: Minutes of XYZ Committee, 1990-2000	Number of copies of each Record
	the described item(s) to the Marywood University Archives, to become i dministered in accordance with the policies of the Records Management	
Donor Signatu	re Date	
	e described property conforms to the acquisition standards of the Marywo as been accepted into our collection.	od University
Director of Re	cords Management and Archives Signature Date	