

Muskegon Community College Hendrik Meijer Library Archive Transfer Form

This form is used to transfer materials from MCC offices, departments, and student organizations. For materials not owned by MCC, please use an Archive Donor Form.

Keep in mind the requirements for retaining records (i.e. the records retention schedule) in your department. **The Archive is not responsible for holding documents required by your department for compliance satisfaction.**

Please fill out both sides of the form to the best of your knowledge

Name: _____

Office or Department _____

If a student, enter the name of the organization you are representing. If unaffiliated with an organization, enter N/A.

MCC Phone/Other Phone _____ MCC Email Address _____

Creator of Records: _____

Name of Office, Department, Organization, or Person Who Created the Records:

Date Range of Records _____

Amount and Format of Records _____

For example: 4 crates of print photographs, 6 boxes of papers, 8 gigabytes of electronic records, etc.

Technical Information (digital records only) (e.g., file structure and organizations, software, OS, hardware, naming conventions, and original location):

Continued on Back

Description of Records: _____

Provide 2-3 sentences describing the subject(s) of the records as well as how the records were used (e.g., used by an entire office or organization, used exclusively by the board, used by the general public)

Categories of Records (please select all categories that apply)

- | | |
|---|---|
| <input type="checkbox"/> Institutional Records | <input type="checkbox"/> Faculty or staff personnel matters |
| <input type="checkbox"/> Student Academic Files | <input type="checkbox"/> Student organizations |
| <input type="checkbox"/> Faculty and Professional Staff Files | <input type="checkbox"/> Board/Council/Committee Meetings |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Records that contain FERPA-protected information |

Restriction on Access required ____ Yes ____ No (If yes Archives will contact for further details)

Does the records contain personal information (Social Security Number, Driver's License, Health Information, etc.) ____ Yes ____ No (If yes Archives will contact for further details)

If it is determined by the College Archivist that any of these materials are non-archival due to condition, duplication or are outside the Archive mission, please (check one)

- Return to department/office/student organization
- Dispose of

Questions/Comments/Concerns

I attest that I have the authority to transfer these materials to the College Archive.

Signature

Date

