

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: \_\_\_\_\_