

Archives Survey Form	
Administrative unit/department:	
Section (if applicable):	
Contact person:	
Title:	
Phone:	Email:
Collection title:	
Brief description of collection contents and historical significance (if any):	
Date range. From: To:	
Collection size  Cubic feet: Bytes:	
Format of materials (check all applicable boxes)	
<b>Paper</b> <input type="checkbox"/> File folders <input type="checkbox"/> Ring binders <input type="checkbox"/> Loose sheets <input type="checkbox"/> Bound volumes <input type="checkbox"/> Lever arch files <input type="checkbox"/> Other (specify) _____	
<b>Photographs and slides</b> <input type="checkbox"/> Loose <input type="checkbox"/> Albums <input type="checkbox"/> Boxed <input type="checkbox"/> Other (specify) _____	
<b>Audiovisual</b> <input type="checkbox"/> Video cassettes <input type="checkbox"/> Audiocassettes <input type="checkbox"/> CD/DVDs <input type="checkbox"/> Other (specify) _____	
<b>Other (describe)</b> <input type="checkbox"/> _____	

Record type

- ☐ Committee meetings    ☐ Correspondence    ☐ Financial    ☐ Legislation  
☐ Minutes    ☐ Personnel files    ☐ Press releases    ☐ Student records  
☐ Other (specify) \_\_\_\_\_

What is the condition of the records?    ☐ Excellent    ☐ Good    ☐ Poor

Do the records contain confidential information?    ☐ Yes    ☐ No

For how long do the records remain active?

Do the records need to remain sealed for a given period of time?    ☐ Yes    ☐ No

If yes, for how long? \_\_\_\_\_

Are you legally required to retain your records?

If yes, for how long? \_\_\_\_\_

Other notes: