

APPENDIX E

**Mount Saint Vincent University Archives
E. Margaret Fulton Communications Centre
Room 125/126
E-Mail: Archive@MSVU.CA**

Records Transmittal Form

Shelf Location:	
Accession #	
Record Group:	
Record Sub Group:	
	for Archives use only

Name of Office:

Location & Telephone of Office:

Name of Donor/ Designate:

Position:

Brief Description of records:

Inclusive Date (from/to):

Extent/No. Of Boxes:

Signature of Donor/Designate:

Date of Transfer:

Signature of Archivist:

Date:

Acknowledgment sent by:

Date: