# Tacoma Community College Archive Records Transfer Form

**\*This form is used for the transfer of records group materials from faculty and staff for the Tacoma Community College Archive. Refer to the Archive’s collection development policy on the portal for full details about the type of content the Archive accepts.**

**General description of material transferred:**

**What dates do the materials cover?**

**What format(s)? (paper, photographs, digital file, etc.)**

**Your name:**

**Your department:**

**Campus phone number: Campus email:**

**Specific agreement for records transfer:**

**By signing this document, you are certifying that you have the authority within your department or unit to authorize this transfer:**

**Print Name:**

**Signature:**

**Date:**

**Received by: Received Date:**