

**BROWN UNIVERSITY ARCHIVES**

INTAKE REQUEST FOR UNIVERSITY RECORDS

OFFICE/DEPARTMENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIPTION OF RECORDS TO BE TRANSFERRED:

DATE SPAN OF RECORDS: \_\_\_\_\_

NUMBER OF BOXES (TOTAL): \_\_\_\_\_

---

---

RECEIVED AT UNIVERSITY ARCHIVES: \_\_\_\_\_ (Date)

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Title

ACCESSION NO.: \_\_\_\_\_

NOTES:

UA Form 1  
2004.09