

Acadian Archives Accession Registration Form

Accession Number: _____ Working Title: _____

Provenance: _____

Description: _____

Date Range: _____

Quantity: _____ Location: _____

Access Conditions/Copyright: _____

Notes:

Confidential Details

Donor/Previous Custodian: _____ Accession Number: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

E-mail: _____

Intermediary (if applicable): _____ Telephone: _____

Donation Date: _____ Acknowledgement Date: _____

Compiled by: _____ Date: _____