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Records Deposit Form (AFF)

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(Place form in folder & set atop records inside Box #01)

Institution/ Organization Name:

City/Town:

Administrator: **Date:**

Box # [01, 02, 03, etc.]	**Box Contents (w/ date range)**	**Date Packed** [School completes]	**Date Sent** [School completes]	**Date Received in Archives** [Archivist completes]	**Archivist initial** [Archivist completes]	**Notes**