

New York State Archives

Strengthening Archives

SAMPLE ACCESSION FORM

Date Received	Accession No.																													
Title																														
Creator																														
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Restrictions	Location	Total Size																												
General Description and Condition of Material																														
<p>Specific Description of Material:</p> <table> <thead> <tr> <th><u>Type</u></th> <th><u>Amount</u></th> <th><u>Type</u></th> <th><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Audio Recordings</td> <td>_____</td> <td><input type="checkbox"/> Photographs</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Bound Volumes</td> <td>_____</td> <td><input type="checkbox"/> Microfilm</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Storage Boxes</td> <td>_____</td> <td><input type="checkbox"/> Movie Film</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Newspapers</td> <td>_____</td> <td><input type="checkbox"/> Scrapbooks</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Maps</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>	<input type="checkbox"/> Audio Recordings	_____	<input type="checkbox"/> Photographs	_____	<input type="checkbox"/> Bound Volumes	_____	<input type="checkbox"/> Microfilm	_____	<input type="checkbox"/> Storage Boxes	_____	<input type="checkbox"/> Movie Film	_____	<input type="checkbox"/> Newspapers	_____	<input type="checkbox"/> Scrapbooks	_____	<input type="checkbox"/> Maps	_____			<input type="checkbox"/> Other _____			
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Approximate Inclusive Dates	Accessioned By	Date																												
Additional Comments																														