

ARCHIVES OF MIAMI DADE COLLEGE

College Records Transfer Consultation Request Form

Name of Office, Department or Institute:

Contact Person Name:

Telephone &/or Campus Extension

Email Address:

Campus Address:

Building-Room Number:

Campus:

Other:

Brief Description of the Records:

Current Location of Records:

Please call the College Archivist at x78961 if you have any questions.

Complete the form print, and fax to x78945

Thank you for your interest in the College Archives.