# Archive Completion Form Checklist

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| --- | --- |
| **Project name:**  | **Accession No.:** |
| **Contractor’s site code**: |
| Contact person: |  |
| Contractor |  |
| Address  |  |
| Telephone |  | Fax  |  |
| Email  |  |
| **The Archive**□ Project Initiation Form submitted□ Mid-Project Agreement submitted□ Specialist Report summary submitted ( number)□ Retention Policy Agreement submitted□ Project Completion Form submitted□ Assignment of Copyright submitted□ A full inventory of the Archive is attached□ The Archive is accompanied by a full transfer of title |