# Media Processing Form

Complete ALL BOXES on this form, print, and place with media being handed off for processing. Media MUST be in a box so that it all stays together. If multiple boxes, put a copy of this form in EACH BOX for identification purposes.

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| Collection name: |  |
| Accession number: |  |
| File root: |  |
| Archivist: |  |
| Box # to start with: (if not specified, will assign temporary numbers) |  |
| Donor: |  |
| Item count: |  |
| Barcode boxes:(If Yes, Box # to start with MUST be provided!) | YesNo |
| When finished (choose one) | \_\_\_ Return to requestor\_\_\_ Place on SULF pending shelf |
| Special notes: |  |