COLLECTION ITEM(S) DEACCESSION FORM

Date

Collection Name:	Accession	#
concentration runne.		

Inventory of Object(s) from collection to be deaccessioned, include catalog number, count, and description (Use additional pages if necessary):

Object ID.	Object Name Description	Accessed Condition	Inspection Condition
		Condition	Condition

Reason for Deaccessioning:

a outside scope of collections*
b ilimited storage space*
c outside scope of collections*
c outside scope of collections*
c outside storage space*
c duplication of material*
c deterioration beyond usefulness*

□ lack of physical integrity due to loss of documentation*

*Explain in detail:.

Method of Disposal: □ Transfer* □ Exchange* □ Education or Research* □ Sale* □ Destruction* □ Repatriation/Disposition* *Explain in detail (include as appropriate: name and address of institution transferred to, collection exchanged in return, method of destruction, amount of sale, method of repatriation, other details as deemed appropriate):

Signatures: _____

Archivist

Collection Committee Chairman

Date:

Date:_____