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De-accessioning Form

Archive reviewer name	
Date of review	·
Collection ID / Accession No	
Collection title/ description	
Collection state at time of review	
Reason for de-accession	
☐ Duplicate material	☐ Loss or theft
$\hfill \Box$ Outside scope of collection policy	$\hfill \square$ More appropriate at another archive
$\ \square$ Material deteriorated beyond repair	☐ Other
De-accession action (signatures required from recipient for transfer to institution or return to donor)	
□ Destruction	☐ Auction/give-away
$\hfill\Box$ Transfer to another institution	☐ Other
☐ Return to donor	
Data for original Dood of Gift/Transfor Form	(attach copy, where applicable)
Original donor name, where applicable	
Donor contact, where applicable	
De-accession date	
De decession date	
Archives at NCBS representative name and signature	
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Phone and email	
Date	Place
Recipient acknowledgement	
Name and signature	
Date	Place

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