|  |  |  |
| --- | --- | --- |
| Electronic Records Transfer Form | | |
| [[YOUR STATE / TERRITORY NAME HERE]] | | |
| This transfer form shall be used to request authorization to transfer permanent electronic records to [[insert agency name here]]. [[agency name] accepts electronic records that are governed by [[insert governing requirements here].  All approved transfer forms **must** **be** accompanied by a detailed inventory of records.  [add other additional text, as necessary] | | |
| Agency Information | | |
| Agency Name: | | |
| Department / Division Name: | | |
| Primary Contact Name: | | Phone: |
| Primary Contact Title: | | Email Address: |
| Desired Date of Transfer: | | |
|  | | |
| **RECORDS SURVEY** | | |
| Description of Records: | | |
|  | | |
|  | | |
| Are records being transferred to an existing series? Yes ☐ No ☐ If yes, series: | | |
| Organization of Records: | | |
| Approximate Date Range of Records: | | |
| Estimated Size (in GB): | | |
| Common file formats (include as many as known): | | |
| [Record Schedules] governing these records: | | |
|  | | |
| Are these records governed by any stautory or regulatory restrictions? Yes ☐ No ☐ | | |
| If yes, describe them: | | |
| Other notes: | | |
|  | | |
|  | | |
| **APPROVALS** | | |
| **Agency** | **Archives** | |
| Name: | Archivist Name: | |
| Title: | Title: | |
| Date: | Date: | |
| Signature | Signature: | |