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| 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: |
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|  |
| 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: |