



# STATE ARCHIVES ELECTRONIC RECORDS TRANSMITTAL AND RECEIPT

State Form 57413 (5-24)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION

- INSTRUCTIONS:**
1. Use this form to request to transfer **electronic records** to the Indiana Archives. Please use State Form 48883 to transfer paper records. Submit this form to [erecords@iara.in.gov](mailto:erecords@iara.in.gov).
  2. Use a separate transmittal for each record series submitted. IARA will not accept any records without prior approval of this form.
  3. Please provide an inventory of all folders and files submitted (e.g. a directory list).
  4. By signing this form, a state or local agency transfers ownership of the records to IARA, per IC 5-15-5.1-11. IARA has the authority to examine records, per IC 5-15-5.1-5.

## SECTION 1: REQUESTOR INFORMATION

Records are from (check one): <input type="checkbox"/> State Agency <input type="checkbox"/> County / Local Government		Have these records been audited (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
Name of State Agency or County / Local Office		Division	
Name of State Agency records coordinator or County / Local official	Signature of State Agency records coordinator or County / Local official		Date signed (month, day, year)
E-mail address of State Agency records coordinator or County / Local official		Telephone number of State Agency records coordinator or County /Local official	
Name of employee transferring records (if different from above)	Telephone number of employee transferring records	E-mail address of employee transferring records	

## SECTION 2: TRANSFER INFORMATION

Record series title			Record series number (e.g. 83-79)	
Folder count	File count	Size (e.g. MB, GB, TB)	File format(s)	Inclusive dates from (mm / yyyy) From:                      To:
Transfer method: <input type="checkbox"/> Network Transfer <input type="checkbox"/> SFTP <input type="checkbox"/> Hard Drive <input type="checkbox"/> IOT Transfer			Are you submitting an inventory with this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION 3: ACCESS INFORMATION

Does this transmittal contain confidential records as defined by Indiana Code? <input type="checkbox"/> Yes <input type="checkbox"/> No	If this transmittal contains confidential records as defined by Indiana Code, please provide all relevant citations:						
Does this transmittal contain records that fall under any of the following categories of personal information?							
<input type="checkbox"/> Age	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Educational Information	<input type="checkbox"/> Family Information	<input type="checkbox"/> Gender	<input type="checkbox"/> Maiden Name	<input type="checkbox"/> Race / Ethnicity	<input type="checkbox"/> SSN – Last Four Digits
<input type="checkbox"/> Birth Location	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Employment Information	<input type="checkbox"/> Full Name	<input type="checkbox"/> Health Information	<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> SSN - Full	

## SECTION 4: RECEIPT OF RECORDS

Signature of State Archives employee receiving records	Printed / typed name of State Archives employee receiving records	Accession number	Date (month, day, year)
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