



RECORDS TRANSFER NOTIFICATION

State Form 57611 (12-24)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION INDIANA STATE RECORDS CENTER 6400 East 30th Street Indianapolis, IN 46219 Telephone: (317) 591-5326 E-mail: recordscenter@iara.in.gov

- INSTRUCTIONS:**
1. Review Section one (1) and two (2) for accuracy.
 2. Complete section three (3) or four (4) and return to arc@iara.in.gov.
 3. Retain your copy of the completed form under [Record Series GRREC-2](#)

***NOTE: You have six (6) weeks to respond. If you do not respond within six (6) weeks, the records will be transferred to the State Archives.**

SECTION 1: AGENCY INFORMATION	
Name of agency	
Name of division	
Name of Agency Records Coordinator	

SECTION 2: RECORDS INFORMATION		
<i>The following records will be transferred in accordance with IC 5-15-5.1 and current Oversight Committee on Public Records approved retention and disposition schedule. Some retention schedules allow for "evaluation, sampling or weeding" which means that the records might not be kept in their entirety.</i>		
Records series number	Records series title	
Disposition due date (month, day, year)	Total cubic feet of records	Latest date of records (month and year)
Container / box number(s)	Location	Accession number (if applicable)

SECTION 3: AGENCY APPROVAL OF TRANSFER	
<input type="checkbox"/> Records are approved for transfer to the State Archives	
<i>If you have any inventories or box lists regarding the transferred records, please send them to arc@iara.in.gov.</i>	
Signature of Agency Records Coordinator	Date of signature (month, day, year)

SECTION 4: AGENCY DENIAL OF TRANSFER	
<input type="checkbox"/> Records are denied for transfer to the State Archives	
Reason records may not be transferred (check one):	
<input type="checkbox"/> State Audit Pending	<input type="checkbox"/> State / Federal Litigation Pending (attach a copy of the court order)
<input type="checkbox"/> Federal Audit Pending	<input type="checkbox"/> Other: _____
Requested new disposition date (month, day, year)	
Signature of Agency Records Coordinator	Date of signature (month, day, year)