



STATE ARCHIVES RECORD TRANSMITTAL AND RECEIPT

State Form 48883 (R7 / 4-20)
INDIANA ARCHIVES AND RECORDS ADMINISTRATION

PAGE NUMBER	TOTAL PAGES
	OF

Instructions and guidelines for transferring permanent paper and electronic records:

1. Use a separate transmittal for each record series submitted. IARA will not accept any records without prior approval of this form.
2. The transmittal must be typed, printed, or reproduced electronically in order to ensure accuracy and legibility, filled out in its entirety, and signed.
3. Number all boxes / items / media in a continuous sequence. Multiple formats of the same series may be submitted on a single transmittal. One network / SFTP transmittal equates to one "box."
4. NOTES – Please designate importance, if records are scheduled to be sampled, or indicate the type of physical media on which records are held (e.g. CD, audio cassette, film reel).
5. Include a box- or folder-level inventory in an Excel spreadsheet to IARA prior to pick-up of paper records. For electronic, include a folder/file manifest listing all files submitted and their sizes. For paper transmittals, provide at minimum a list of all boxes and their contents prior to pick-up. For transmittals containing non-paper materials such as disks, audiovisual materials, or objects, a detailed list of all folders/items in each box is preferred. For digital-only transmittals, provide an itemized list of all folders and files submitted, including format and file size (e.g. a directory list).
6. By signing this form, a state or local agency transfers ownership of the records to the IARA, per IC 5-15-5.1-11.
7. An accession report will be provided upon request.

TO: Indiana State Archives Indiana Archives and Records Administration 6440 E. 30 th Street, Indianapolis, IN 46219 Telephone: (317) 591-5222 Fax: (317) 591-5324 E-mail: arc@iara.IN.gov	FROM: <input type="checkbox"/> State Agency <input type="checkbox"/> County / Local Government State Agency / County / Local Office	Have these records been imaged (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Have these records been audited (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
	Division	
	Address	
	Location name where records may be picked-up	
	Address where records may be picked-up	

AUTHORIZATION TO TRANSFER RECORDS

Signature of records coordinator / local official	Printed name of records coordinator / local official	Date signed (month, day, year)	Telephone number ()	E-mail address
Name of employee transferring records (if different from above)			Telephone number ()	

RECORD SERIES INVENTORY

Record series title				Record series number (e.g. 83-79)				
BOX, ITEM, OR MEDIA NUMBER	TOTAL	RECORD DATES		TYPE	NON-PAPER RECORDS ONLY			NOTES (See Instructions above.)
		FROM (mm/yyyy)	TO (mm/yyyy)		TRANSFER METHOD OR MEDIA	QUANTITY / SIZE / VOLUME (e.g. 123 MB)	NUMBER OF FILES / OBJECTS	
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RECEIPT OF RECORDS (For office use only.)

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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