



STATE ARCHIVES RECORD TRANSMITTAL AND RECEIPT

State Form 48883 (R6 / 5-19)
 INDIANA ARCHIVES AND RECORDS ADMINISTRATION

PAGE NUMBER	TOTAL PAGES
	OF

- INSTRUCTIONS:**
1. Complete and send entire form to the Indiana State Archives prior to transfer.
 2. Use one (1) transmittal for each record series number. Number boxes/items/media in a continuous sequence, within each series.
 3. An accession report will be provided upon request.
 4. **NOTES** – Please designate importance, if records are scheduled to be sampled.
 5. Transmittal must be typed, printed, or reproduced electronically in order to ensure accuracy and legibility.
 6. By signing this form, a state or local agency transfers ownership of the records to the IARA. See IC 5-15-5.1-11.
 7. The agency **MUST** submit a box level inventory in an Excel spreadsheet to IARA prior to pick-up of records.

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 (<i>check one</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required Have these records been audited (<i>check one</i>)? <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 (<i>month, day, year</i>)	Telephone number ()	E-mail address
Name of employee transferring records (<i>if different from above</i>)			Telephone number ()	

RECORD SERIES INVENTORY

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

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 (<i>month, day, year</i>)
--	---	------------------	----------------------------------

DISTRIBUTION: Original - State Archives file; Copy - Agency; Copy - State Archives processing