



STATE ARCHIVES RECORD TRANSMITTAL AND RECEIPT

State Form 48883 (R10 / 5-24)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION

Instructions and guidelines for transferring paper records to the Indiana State Archives:

1. Use a separate transmittal for each record series submitted. IARA will not accept any records without prior approval of this form.
2. Number all boxes / items in a continuous sequence.
3. NOTES field – Describe contents and designate importance, as some records may not be kept.
4. Provide a complete box or folder-level inventory prior to transfer.
5. By signing this form, a state or local agency transfers ownership of the records to the IARA, per IC 5-15-5.1-11. IARA has the authority to examine state records, per IC 5-15-5.1-5.
6. An accession report will be provided upon request.
7. For electronic records please use State Form 57413.

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	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
	State Agency / County / Local Office	
	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 of records coordinator / local official		E-mail address of records coordinator / local official		Office address
Name of employee transferring records (<i>if different from above</i>)		Telephone number	E-mail address	
Does this transmittal contain confidential records as defined in Indiana Code? <input type="checkbox"/> Yes <input type="checkbox"/> No		If this transmittal contains confidential records as defined in Indiana Code, please provide all relevant citations:		

Does this transmittal contain records that fall under any of the following categories of personal information?

- Age Citizenship Educational Information Family Information Gender Maiden Name Race / Ethnicity SSN – Last Four Digits
 Birth Location Date of Birth Employment Information Full Name Health Information Mother's Maiden Name SSN - Full

RECORD SERIES INVENTORY

Record series title			Record series number (<i>e.g. 83-79</i>)	
BOX or ITEM COUNT	TOTAL	RECORD DATES		NOTES
		FROM	TO	
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>)
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