



STATE ARCHIVES RECORD TRANSMITTAL AND RECEIPT

State Form 48883 (R9 / 7-23)

INDIANA ARCHIVES AND RECORDS ADMINISTRATION

Instructions and guidelines for transferring paper and electronic 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 / 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."
3. **NOTES field** – Describe contents and designate importance, as some records may not be kept. Indicate the type of physical media on which electronic records are stored (e.g. CD, audio cassette, film reel, et cetera). When selecting Transfer Method: Other, provide details. Only select IOT Transfer if you have previously spoken with IARA staff.
4. For paper records, provide a complete box or folder-level inventory prior to transfer. For electronic records on physical media, provide a detailed list of all items in each box. For electronic records in an electronic recordkeeping system, provide an itemized list of all folders and files submitted, including format and file size (e.g. a directory list).
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.

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	
Name of employee transferring records (<i>if different from above</i>)			Telephone number	E-mail address

RECORD SERIES INVENTORY

Record series title				Record series number (e.g. 83-79)					
BOX, ITEM, OR MEDIA COUNT	TOTAL	RECORD DATES		TYPE	NON-PAPER RECORDS ONLY				NOTES (See Instructions above.)
		FROM (mm/yyyy)	TO (mm/yyyy)		TRANSFER METHOD	SIZE (e.g. 10 GB)	FILE COUNT	FILE FORMATS (e.g. PDF, DOC)	
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>)
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