MICROFORM TRANSMITTAL AND RECEIPT

State Form 52408 (R4 / 02-26)
INDIANA ARCHIVES AND RECORDS ADMINISTRATION

For State agencies AND county/local government, complete form and send to:

Indiana State Archives
Indiana Archives and Records Administration
6440 E. 30th Street, Indianapolis, IN 46219
Telephone: (317) 591-5222
Fax: (317) 591-5324
E-mail: arc@iara.in.gov

Instructions and Guidelines for Transferring Microform Records

1. *USE A SEPARATE FORM FOR EACH RECORD SERIES*
2. *This form is to be used only for the transfer of records on any type of Microform. "Microform" means any type of microfilm, microfiche, or Computer Output Microfiche (COM).*
3. *Complete and send this form to the Indiana Archives and Records Administration (IARA) before sending the microform records. The IARA will not accept any microform records without proper approval of this transmittal form. An approved copy of this form must accompany the microform shipment.*
4. *Microform records transferred to the Indiana State Archives on an approved retention schedule must have a Record Series Number. Microform records not on an approved retention schedule will be accepted or rejected on a case-by-case basis.*
5. *By signing this form, a state or local agency transfers ownership of the microform records to the IARA. See IC 5-15-5.1-11.*
6. *Any microform record transferred to the Archives is considered to e a permanent record. The microform records must therefore meet the standards outlined in Indiana Rules of Court – Administrative Rule 6. The state or local agency is required to use acid-free boxes. The state or local agency must label the boxes using State Form 36074, which can be ordered from the IARA, State Imaging and Microfilm Laboratory, 100 N. Senate Ave., Rm. N055, Indianapolis, IN 46204, telephone number 317-232-3381, and email address imaging@iara.in.gov.*
7. *The state or local agency must verify the completeness and legibility of the records on the microform and must provide an inventory of the records on the microform.*

Name of state agency / county / local office		Name of division of state agency / county / local office
Record series title		Record series number
Total number of rolls or fiche sheets in shipment	Roll numbers From: To:	Inclusive dates of records filmed *(month, day, year)* From: To:

AUTHORIZATION TO TRANSFER MICROFORM RECORDS (*to be filled out by the state agency / county / local office*)			
Signature of records coordinator / local official	Printed name of records coordinator / local official		Date signed *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*	Telephone number ( )	Fax number ( )	E-mail address
Signature of person shipping microform records, if different	Printed name and title of person shipping microform records, if different		Date signed *(month, day, year)*

RECEIPT OF MICROFORM RECORDS (*IARA use only*)		
The transfer of the microform records is ☐ Accepted ☐ Rejected. If rejected, state the reasons:		
Signature of IARA employee authorizing transfer	Printed name of IARA employee	Date signed (*month, day, year*)
Signature of IARA employee receiving microform records	Printed name of IARA employee	Date signed (*month, day, year*)

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INVENTORY OF RECORDS

Roll Number or Sheet Numbers: Number rolls or sheets sequentially. Note duplicate or missing numbers.
Media: Microfiche or COM; or 16mm, 35mm, or 105mm film.
Start / End: This could be dates, names, case numbers, etc.

Roll Number or Sheet Numbers	Media	Start	End	Description of Records