



KATIE HOBBS
SECRETARY OF STATE



Arizona State Library,
Archives and Public Records

Archives Rep Initial Here to Verify as Permanent

STATE ARCHIVES PERMANENT RECORD TRANSFER FORM
ARIZONA STATE ARCHIVES AND RECORDS MANAGEMENT
ARIZONA SECRETARY OF STATE

Instructions:

1. Complete and send entire form to the Arizona State Archives
2. Fill out only one transfer form for each retention schedule, not one form per box
3. Attach any Restriction Notes, Servicing Agreements or Special Instructions to the Transfer Form
4. The Agency must submit an inventory to the State Archives prior to pick-up of records

The records described below and on any attached pages are transferred to the official custody of the Arizona State Archives in accordance with ARS §41-151.09. The transferring agency certifies that any restrictions on the use of these records are listed below. In accordance with ARS §41-151.09, custody of these records becomes the responsibility of the Arizona State Library Archives and Public Records, Archives and Records Management.

Short Description of Records being Transferred:	Date Span of Records:	Transfer Information	
		State or County Agency:	
		Location of Records:	Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Note ARS Justification:

Authorization to Transfer Records

Retention Schedule Number:			Justification if Not on Retention:		
Signature of Records Officer:	Records Officer Name:	Title:	Date (MM/DD/YY):	Telephone:	Email:
Authorized Agent Signature (If different from Above):	Authorized Agent Name:	Date (MM/DD/YY):	Telephone:	Email:	
Will the Arizona State Archives be the Servicing Agency for the Records: Yes <input type="checkbox"/> No <input type="checkbox"/>			If Not, sign here to agree to service all request for these items:		

Transfer Inventory (Continue on Next Page if Necessary)

Please Indicate if there are any concerns about the condition of items being transferred: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, Explain:							
Number of Items to be Transferred:		Boxes:	Volumes:	Media:	Digital:	Other:	
Series Number	Box, Volume, Media Number	Record Dates	Type	Non-Paper Records Only			
				Media Type	Quantity/Size	Number of Files/Objects	File Format

For Archives Use Only

I certify that the records picked up match the transfer form and inventory		Record Group:
Signature _____	Date _____	Accession Number:
Director, Arizona State Library Archives and Public Records or Designee		
Signature _____	Date _____	

