

MEMORANDUM OF TRANSFER
rev. 3/2015



CT State Library
State Archives

FOR OFFICE USE ONLY

DATE RECEIVED	ACCESSION NUMBER

Name of Agency and Administrative Subdivision or Unit:

Agency Contact person:

Email:

Telephone:

FAX Number:

Description of records: (Include titles, container or volume contents, and inclusive dates. Attach additional sheets as necessary.)

Estimated quantity and type of material. (List in cubic feet and specify types of material, e.g. maps, volumes, microfilm rolls, etc.)

List citations for statutes, codes, regulations and/or Attorney General Opinions restricting access to these records *(Attach copies if appropriate)*:

If to the best of your knowledge, no such statutes, codes, regulations or Attorney General Opinions exists, CHECK HERE.

STATEMENT OF AGENT OR OFFICER OF TRANSFERRING GOVERNMENT AGENCY:

I, the undersigned, hereby transfer to the Connecticut State Library physical and legal title to the records described above under terms applicable in the Connecticut General Statutes relating to government records. The administrative unit named above agrees that the State Archives will administer the records for an indefinite period upon delivery to the State Library in accordance with Connecticut laws and regulations and with any restriction cited above. The transferring agency may exercise its right to examine the records during the State Library's regular working hours, observing established rules for examining records in the Archives' custody. The State Library may dispose of any containers, unused forms, blank stationary, duplicates, or non-records or any records deemed to have no enduring administrative, legal, fiscal, or historical value without further consent of this agency in accordance with Connecticut laws and regulations. I certify that I am authorized to act for this agency on matters pertaining to the disposition of agency records.

Name (Printed): _____ Title: _____

Signature: _____ Date: _____

Records received at the State Archives by:

Name (Printed): _____ Title: _____

Signature: _____ Date: _____