



OSAC Tracking No. _____

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STATE-APPROVED MUSEUMS AND CURATORIAL REPOSITORIES
FOR HELD-IN-TRUST COLLECTIONS

TRANSFER RECEIPT FORM

In compliance with State law, C.R.S. 24-80-405 1(h), and its rules and procedures, 8CCR 1504-7 Chapter 9 11 that... with the exception of approved repatriation, not sell, **transfer**, assign, pledge, encumber, discard, or otherwise dispose of the state collection (or any part thereof) or any associated State of Colorado property in its possession without written and signed permission from the State Archaeologist.

Transfer requests from current State-Approved repositories must forward correspondence from the proposed receiving State-Approved repository accepting the transfer. This must be accompanied by a written and signed approval letter from the State Archaeologist. Finally this form must be completed and sent along with all the correspondence to the State Curation Coordinator for tracking purposes.

Transfers to non-approved State repositories or other institutions must follow the *Guidelines for the Disposition of Non-Curated State Collections from a Research Lab or a Museum/Repository* (#1660) and be approved by completing the *Disposal of Non-Curated State Collections Form* (#1661), received a written and signed approval letter from the State Archaeologist and completed this transfer receipt form, forwarded to the State Curation Coordinator.

The following artifacts/fossils were not accepted or are no longer managed with the collections at the [INSERT STATE-APPROVED REPOSITORY NAME]_____. These artifacts/fossils are hereby transferred in total and unconditionally to a more appropriate institution, listed below.

Receiving (Transferred) Institution Name _____

Signature/Title of the State-Approved Repository representative that the collection is transferring from _____

Date _____

Brief Description of Artifacts or Fossils Transferred

Reason/Rationale for Transfer

Conditions of the Transfer

Registration Information

(Catalog Nos or Accession #): _____

Origin of objects (site nos.) or other _____

Recipient Institution

Received by [INSERT NAME OF INSTITUTION] _____

Is this Institution a State-Approved Museum or Repository? Yes or No

Signature and Title of Receiving Institution Representative

Date _____

Please forward a copy of this form to the State Curation Coordinator for tracking purposes.

Thank you.



History Colorado

Email to the attention of the State Curation Coordinator: HC_StateCuration@state.co.us