**Deaccession Form**

|  |  |
| --- | --- |
| **Date:** |  |
| **Accession #:** |  |

**Item:**

Description (including donor, collector, locality, additional numbers, etc.):

**Be sure to include an image(s) of the item(s)**

**Reason for deaccessioning:**

Not relevant to mission

Not consistent with collection scope

Cannot provide adequate care

Duplication in collection

Deteriorated beyond use

Health/safety hazard

Repatriation

Transfer to another institution

Other

**Recommended Disposal:**

**Board/Committee Approval (date of vote):**

**Means and Date of Disposal:**

|  |
| --- |
| **Decision**:  Accept recommendation  Reject recommendation |
| **Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director’s Signature Date |

|  |  |
| --- | --- |
| **Deaccession #:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | |

|  |  |
| --- | --- |
| **Disposal:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |  |