**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 |

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

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