

MEMORANDUM OF TRANSFER OF RECORDS
TO THE **NEW YORK STATE ARCHIVES**
OFFICE OF CULTURAL EDUCATION
STATE EDUCATION DEPARTMENT

Date Received	Accession Number
Leave Blank - Archives Use Only	

<p>1. AGENCY REQUESTING TRANSFER:</p> <p>Agency _____</p> <p>Major Subdivision _____</p> <p>Minor Subdivision _____</p> <p>Office/Unit _____</p>	<p>2. RECORDS DISPOSITION AUTHORIZATION NUMBER: _____</p> <p>3. CURRENT LOCATION OF RECORDS:</p> <p><input type="checkbox"/> State Records Center</p> <p><input type="checkbox"/> Agency Space (specify): _____</p>
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Person with whom to confer about contents, location, and shipping of records:

Name _____ Phone Number _____

4. DESCRIPTION OF RECORDS: (Enter below the overall title and dates of records, and attach a list of the numbers and contents of each box, or attach Records Center Transfer List if the records are now in the State Records Center.)

Records Center Transfer List attached Additional sheet(s) attached

5. ESTIMATED VOLUME: _____ cubic feet _____ items (specify) _____

6. STATEMENT OF AGENCY REPRESENTATIVE: The records described above and on the attached pages are hereby transferred to the official custody of the New York State Archives in accordance with Section 57.05 of the Arts and Cultural Affairs Law. It is agreed that these records will be administered in accordance with the provisions of Section 57.05 of the Arts and Cultural Affairs Law and the rules and regulations of the Commissioner of Education. The State Archives may dispose of any containers, unused forms, blank stationery, duplicate records, or other non-record material in any manner authorized by law or regulation without further consent of this agency. I certify that I am authorized to act for this agency on matters pertaining to the disposition of agency records.

SIGNATURE _____ TITLE _____ DATE _____

7. REMARKS CONCERNING SHIPPING/DISPOSITION:

8. RECORDS RECEIVED AT STATE ARCHIVES:

SIGNATURE _____ TITLE _____ DATE _____