

# *New York State Archives*

Strengthening Archives

## Deaccession Form

Collection ID:	
Collection Title:	
Date:	Quantity:
Accession Number:	
Reason for Deaccession:	
Deaccession Action:	
Deaccession Date:	

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**Archivist:**

**Date:**

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**Administrator:**

**Date:**

Attach copies of:  
Accession form, finding aid.