

# *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.