

Archives Records Transfer Sheet

All records to be transferred to the legal custody of the Illinois State Archives for permanent retention must be accompanied by this form completed in triplicate.

Records of: Agency: _____ Division: _____ Section: _____ Date of Transfer: _____			
Contact: Name: _____ Phone: _____ Division: _____ Section: _____ Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Address City ZIP </div>			
State Records Commission Application and Item Number	Box or Vol. No.	Dates of Records	Titles and Contents of Records
For Archives use: Accession no.: _____ Group: _____ Series: _____ Accessioned by: _____ Date _____			

Receipt is hereby acknowledged of the above records which have been transferred to the Illinois State Archives in accordance with the State Records Act of 1957, as revised, Section 7, authorizing such transfer, and the rules and regulations of the Illinois State Archives. These records shall be under the custody of the Archives Division and are not subject to withdrawal except upon Court order. Any records so transferred may, if experience proves necessary, be reclassified as semi-current records and returned to the jurisdiction of your department, provided that no records covering a date prior to 1880 may be so reclassified and the written assent of the State Archives shall be given to such reclassification.

David A. Joens
Director, Illinois State Archives