

Geologic Collections Management System

Approval for Deaccession of Geologic Materials

GCMMS

Clear Page

Clear Form



Name of Repository _____

The following material(s) is (are) recommended for deaccession (*use continuation page if necessary*):

Description

Reason for Deaccession

Check if continued on next page

Recommended Action _____

Signatures

Deaccession Requested from *Print* _____ *Sign* _____ *Date* _____

Deaccession Approved by *Print* _____ *Sign* _____ *Date* _____
Science Center Director

Deaccession Approved by *Print* _____ *Sign* _____ *Date* _____
Committee (Chairperson Print and Sign)

Final Disposition of Material(s)

Geologic Collections Management System
Approval for Deaccession of Geologic Materials



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Clear Form



(continuation page)

Description *(continued)*

Page ___ of ___

Reason for Deaccession *(continued)*