

Geologic Collections Management System

Record of Transfer OR Disposal of Geologic Materials

GCMS

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Name of Repository _____

Do not use this form for transfer of materials to the NMNH.

Deaccession Method

Federal Agency
 Educational Institution
 Outreach Organization
 Other _____
 Disposal

Assign Material From

Name _____
 Office _____
 Address _____

 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Material Location

Assign Material To

Name _____
 Office _____
 Address _____

 City _____
 State _____ Zip _____
 Phone _____ Fax _____
 Material Location

Material Description *(please be as detailed as possible—use continuation page if necessary)*

Check if continued on next page

Signatures—Bottom part to be signed after Approval for Deaccession form has been completed and signed.

<input type="checkbox"/> Transferor	Print _____	Sign _____	Date _____
<input type="checkbox"/> Transferee	Print _____	Sign _____	Date _____
<input type="checkbox"/> Approving Official	Print _____	Sign _____	Date _____

Title of Approving Official _____ Phone Number of Approving Official _____



Clear Continuation Page

Clear Form



(continuation page)

Material Description *(continued—please be as detailed as possible)*

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