

Geologic Collections Management System

Approval for Deaccession of Geologic Materials

GCMS

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) _____

