

TRANSFER AGREEMENT FORM

UNIVERSITY OF ALBERTA

Unit: _____

Registered Collection Name: _____

Printed name and title of Authorized Representative:

Date of Transfer: _____

TRANSFEROR

Name of Department/Institution: _____

Address: _____

Printed Name and title of Authorized Representative of Transferor:

Telephone: _____ Email: _____

DESCRIPTION OF MATERIAL (attach additional pages as necessary)

Accession Number	Object Name	Description	Value

Total Number of Objects: _____

Total Value: \$ _____

ACCEPTANCE

The Transferee agrees to accept possession and full responsibility for the object(s) listed above. All costs of shipping are the sole responsibility of the Transferee.

THE CONDITIONS OF THIS TRANSFER AS STATED ABOVE ARE ACCEPTED

(Signature of Transferor Authorized Representative) Date _____

(Signature of Authorized Representative of Registered Collection) Date _____