

INTERNAL TRANSFER AGREEMENT FORM

UNIVERSITY OF ALBERTA TRANSFEROR

Department/Unit: _____

Name of Registered Collection: _____

Name of Academic Curator: _____

TRANSFER RECIPIENT

Department/Unit: _____

Name of Registered Collection: _____

Name of Academic Curator: _____

Email: _____

Phone: _____

DESCRIPTION OF OBJECTS TO BE TRANSFERRED

Total number of objects: _____

Attach a list of object(s) to be transferred, with the following information for each object included:

- Accession Number
- Object/Item/Specimen Name
- Object Title/Scientific Name/Classification
- Mode of Acquisition and Date
- Appraised Value
- Reason for Transfer

ACCEPTANCE

The Transfer Recipient agrees to accept possession and full responsibility for the object(s) listed in this Agreement Form. All costs of shipping are the sole responsibility of the Transfer Recipient.

THE CONDITIONS OF THIS TRANSFER AS STATED ABOVE ARE ACCEPTED

(Signature of Academic Curator, Transferor) (Date)

(Signature of Department Chair, Transferor) (Date)

(Signature of Academic Curator, Transfer Recipient) (Date)

(signatures continued on Page 2)

(Signature of Department Chair, Transfer Recipient)

(Date)

(Signature of Executive Director, Museums and Collections Services)

(Date)