museums
UNIVERSITY OF ALBERTA

# REQUEST TO DEACCESSION MUSEUM OBJECTS

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## COLLECTION INFORMATION

Unit: _____

Name of Registered Collection: _____

Name and title of Authorized Representative: _____

Address: _____

Phone: _____ Email: -_____

## OBJECTS TO BE DEACCESSIONED

List each object to be deaccessioned providing:

| Accession Number | Object name | Acquisition date | Mode of acquisition | Appraised value | Brief description | Reason for deaccession | Proposed method of disposition | Certified Cultural Property & Date | Cultural Property Control Group |
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Related documentation attached: _____

_____

_____ _____ _____
Curator Name (Please Print) Signature Date

_____ _____ _____
Department Chair Name (Please Print) Signature Date

*Please forward completed forms to: Collections Management Advisor, Museums & Collections Services, Ring House 1*



For general University of Alberta Museums information please contact:
**Museums and Collections Services** ▪ Ring House 1 ▪ University of Alberta ▪ Edmonton, Alberta, Canada ▪ T6G 2E1
**T:** 780.492.5834 **F:** 780.492.6185 **E:** museums@ualberta.ca **W:** www.museums.ualberta.ca