

REQUEST TO DEACCESSION MUSEUMS 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

2009.04.15

Related documentation attached: _____

Name (Authorized Representative)

Signature

Title

Date

