

**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

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Transferor Authorized Representative)

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Authorized Representative of Registered Collection)

