

MEMORANDUM OF TRANSFER
rev. 10/2019



FOR OFFICE USE ONLY

DATE RECEIVED	ACCESSION NUMBER

Public Agency or Entity: _____ **Division or Unit:** _____
State Agency RMLO: _____ **Record Custodian:** _____
Email: _____ **Phone:** _____ **FAX:** _____

Description of records: (Include titles, container, media, or volume contents, and inclusive dates. If additional sheets attached, CHECK HERE.)

Estimated quantity and type of material. (List cubic feet or file size or file size. Specify type of material, e.g. maps, volumes, microfilm rolls, etc. or file formats, e.g. docx, jpg, pdf, etc.)

Restrictions on Access:

If to the best of your knowledge, there are no statutes, codes, regulations or Attorney General Opinions restricting full public access to the records listed above, CHECK HERE.

If the records contain Criminal Justice Information (CJI) as defined in the [Criminal Justice Information Services Security Policy](#) issued by the Criminal Justice Information Services Division of the Federal Bureau of Investigation (FBI): CHECK HERE.

Provide the full citation for all other statues, codes, regulations, court rulings and/or Attorney General Opinions that restrict access to the records (Attach copies if appropriate):

STATEMENT OF RMLO OR RECORDS CUSTODIAN OF TRANSFERRING PUBLIC AGENCY OR ENTITY:

I, the undersigned, on behalf of the above named public agency or entity, upon delivery to the Connecticut State Library under terms applicable in the Connecticut General Statutes relating to public records and in accordance with Connecticut laws and regulations and with any restriction cited above, permanently transfer physical custody and legal title of the records described above and on any attached pages. The transferring agency may examine the records during the State Library's regular working hours, observing established rules for accessing records in the State Archives' custody. These rules are available on the State Library website at <https://libguides.ctstatelibrary.org/hq/using-archival-records/home>. The State Library may dispose of any containers, unused forms, blank stationery, duplicates, or non-records or any records deemed to have no enduring administrative, legal, fiscal, or historical value without further consent of this agency or entity in accordance with Connecticut laws and regulations. I certify that I am authorized to act for this agency or entity on matters pertaining to the disposition of public records.

Name: (Printed) _____ **Title:** _____

Signature: _____ **Date:** _____

Records received at the State Archives by:

Name: (Printed) _____ **Title:** _____

Signature: _____ **Date:** _____
