

**ARCHAEOLOGY COLLECTIONS TRANSFER FORM
RECIPT OF COLLECTIONS**

- | | |
|---|---|
| <input type="checkbox"/> Incoming | <input type="checkbox"/> Found in collections |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> MDAH Owned |
| <input type="checkbox"/> Inter-departmental | <input type="checkbox"/> In the care of MDAH |

TRANSFEROR: _____
to
TRANSFeree: _____

CONTACT INFORMATION TRANSFEROR / TRANSFeree (circle one)

Name/Title: _____
Address: _____
Phone Number: _____
Email Address/Institution: _____

Description of items to be transferred:

Reason(s) for or purpose(s) of the transfer of control:

Transferor: _____ **Date:** _____

Title

Transferee: _____ **Date:** _____

Title

Approved By: _____ **Date:** _____
Museum Division Director

Representations by the transferor:

- 1. That the transferor has control of the cultural items;**
- 2. That at the time of transfer of control the transferor has complied with the requirements of NAGPRA; that for the stated reason(s) or purpose(s), the transferor agrees to transfer control of the cultural items to the transferee.**

Representations by the transferee:

- 1. That the transferee agrees to accept control of the cultural items;**
- 2. That the transferee will notify affected lineal descendants, Indian tribes, and Native Hawaiian organizations, as well as the Manager of the National NAGPRA Program, of the transfer of control;**
- 3. That the transferee will comply with the requirements of NAGPRA with respect to the cultural items;**
- 4. That the transferee will use its best efforts to carry out the purpose(s) of the transfer of control**