

## Transfer of Public Records to State Archives

### **Records Transfer Procedure to the Nebraska State Historical Society**

1. Fill out the *Transfer of Public Records* form for possible transfer of records to the State Archives. Do not fill out areas that are not pertinent (example: For Archives use only). Please fill this form out to the best of your ability and use complete information as possible. *Remember to fill out the restricted or unrestricted status on the form if your agency or department knows this information.* [Note: If records are sent to a vendor for filming, this form must accompany the security microfilm when it is transferred to the Archives or sent electronically.]
2. E-MAIL OR MAIL THIS FORM TO THE CURATOR OF GOVERNMENT RECORDS AFTER COMPLETING. Make sure to print or save one copy for your records.
3. Only records listed as permanent on an approved records retention schedule are eligible for transfer to the State Archives. To locate current schedules for your agency or department, refer to the following:  
[http://www.sos.ne.gov/records-management/retention\\_schedules.html](http://www.sos.ne.gov/records-management/retention_schedules.html)

Long-term historical value of these materials are subject to evaluation by the Curator of Government Records and the State Archivist.

If you have any questions feel free to contact us at:

**Curator of Government Records  
Nebraska State Historical Society  
Attn: Gayla Koerting  
1500 R Street,  
PO Box 82554  
Lincoln, NE 68051  
402-471-4783  
[gayla.koerting@nebraska.gov](mailto:gayla.koerting@nebraska.gov)**

**Contact Information**

Agency	Division
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Records Officer Name:
Name of Person Submitting Form:
Position Title:
Microfilm Vendor:
Phone No.:
E-Mail:
Address:

**Records Information**

Inclusive Dates	Records Schedule No. (cite specific no. from schedule for your agency/department)

Confidential Status: (Check one) If yes, cite statute number	Project Number (Microfilm) MP#
Yes _____ No _____	
STATUTE:	

**Volume Type: Please enter amount**

Boxes	Volumes	Items/Folders	Microfilm	Images

Microfilm Roll Type(16mm or 35 mm)	Control No.:	Roll Numbers

**Description of Records (attach page(s) if a long list/inventory of materials)**

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**Restricted or Unrestricted Use of Materials Agreement**

Confidential/Restricted Status:

I certify that all records being transferred to the State Archives are for permanent retention and *must remain in confidential and/or restricted status.*

Date of Restriction:	
Ending Date of Confidential Status:	
Title	
Signed	Date

Unrestricted Status:

I certify that all records being transferred to the State Archives for permanent storage have been reviewed for confidential information and are *ready for public viewing.*

Title	
Signed	Date

## State Archives Use Only:

Date Records Received:
Received By:
Accession Id No:
Location:
Record Group (RG) No:
Archivist Recommendations:  Approved _____                      Not Approved _____

