DEACCESSION RECOMMENDATION & DISPOSAL RECORD

Catalogue Number: ___________________________ Accession Number: ___________________________
Object Name: ____________________________________________________________
Collection Group: __________________________________________________________
Method of Acquisition: ___________________________ Date: _______________________
Does Museum have legal title?  □ Yes  □ No
If no, please explain: ______________________________________________________

Deaccession Criteria (check all that apply):
  □ Outside the organization’s scope or mission
  □ Deteriorated beyond repair or consumed in use
  □ Beyond capability of museum to properly preserve
  □ Object is duplicate or redundant
  □ Inappropriately accessioned
  □ Other: ____________________________________________________________

Types of Documentation (check all that apply):
  □ Donor Agreement
  □ Catalogue Record
  □ Condition Report
  □ Photograph
  □ Recent Appraisal
  □ Other: ____________________________________________________________

Recommended Method of Disposal:
  □ Transfer to museum’s Education Collection
  □ Transfer to another museum or cultural institution
  □ Return to donor
  □ Public auction
  □ Physical destruction
  □ Other: ____________________________________________________________

If the object was a donation/gift:
  Is the donor still alive?
    □ Yes  □ No  □ Unknown
Has the donor (or heirs) been informed on the museum’s intentions to deaccession?
☐ Yes  ☐ No  ☐ Not Applicable

Is the donor likely to make a further gift or bequest to the museum?
☐ Yes  ☐ No  ☐ Not Applicable

Has the donor (or heirs) objected to the deaccession or disposal?
☐ Yes  ☐ No  ☐ Not Applicable

The Collections Manager and Curator recommend the above mentioned items for deaccession and their methods for disposal.

☐ Yes  ☐ No

______________________________  __________________________
Collections Manager’s Signature  Date

______________________________  __________________________
Curator’s Signature  Date

President/CEO approves recommendation for deaccession and disposal.

☐ Yes  ☐ No

______________________________  __________________________
President/CEO’s Signature  Date

Collections and Conservation Biology Committee of the Board of Trustees approves recommendation for deaccession and disposal.

☐ Yes  ☐ No

______________________________  __________________________
Committee Chairman’s Signature  Date

Board of Trustees approves recommendation for deaccession and disposal.

☐ Yes  ☐ No

______________________________  __________________________
Board Chairman’s Signature  Date

Comments from Board: