Sample Museum

Deaccession Record

Description of Object:
Accession #___________________ Maker: __________________________
Object Name/ Title_____________________________________________________
Medium/ Material_____________________
Date______________________

Means of Acquisition:__________________________________________________
Restrictions:__________________________________________________________

If the object was a gift:
Is the donor still living?________________________________________________
Has the donor (or their heirs) been notified of the Museum’s intentions?
____________________________________________________________________

Status of object: (attach photographs to sheet)
a. Overall condition__________________________________________________

b. Last exhibited:_____________________________________________________

c. Current value: $____________________
How determined? ____________________________________________________

Specific reasons for deaccessioning?_______________________________________
____________________________________________________________________

Sample Museum Director recommendation: __________________________ Date:

Signatures:

Sample Museum Director
Date

Sample Museum Authority
Date

Collections Committee Chair, Board of Trustees
Date

The above recommend the object be deaccessioned. ___yes ___no
The above recommend disposal of the object. ___yes ___no
Preferred means of disposal of this object. ___public auction ___exchange ___donation
Final disposition:_______________________________________________________
Value received:_________________ Date:___________