Museum
1300 Sample Museum Drive, Sample, IL 60605
Sample Phone ### • FAX Sample ####

DEACCESSION REQUEST

Accession Number __________________________________________________________
Preferred Object Name ______________________________________________________

COPIES OF THE ACCESSION/CATALOG FORM OR OTHER PERTINENT RECORDS ARE ATTACHED AND CONTAIN:

The date of acquisition ______________________________________________________
Name and address of donor ___________________________________________________
List any restrictions _________________________________________________________
Provenance and history ______________________________________________________
Other records _______________________________________________________________

THE FOLLOWING RECORDS HAVE BEEN SEARCHED FOR RELEVANT INFORMATION:

Accession Registry Yes_______ No_______
Accession Files or Catalog Card Yes_______ No_______
Other files and records including:
___________________________________________________________________________ Yes_______ No_______
___________________________________________________________________________ Yes_______ No_______
___________________________________________________________________________ Yes_______ No_______

REQUIRED CONDITIONS TO CONSIDER DEACCESSIONING:

The Object/Material is:
Free from donor mandated restrictions Yes_______ No_______
Free and legally owned by the Sample Museum Yes_______ No_______
Known to have been accessioned into Sample Museum Collections for more than two years Yes_______ No_______
JUSTIFICATION FOR DEACCESSIONING:

The object or archival material is outside or irrelevant to the Mission and the Scope of Collections of the Sample Museum because

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The object or material has failed to retain its identity or authenticity because

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The object or material has been lost or stolen and has been missing for more than two years. The date the object/material was first determined missing is

The object or material has deteriorated beyond usefulness because

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Sample Museum is unable to preserve or manage the material properly because

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The object or material is a duplicate. The duplicate(s) have the following numbers and preferred names:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Other:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

OTHER CONSIDERATIONS:

Donor or the donor’s family is still in the area

Yes______  No______

Name
____________________________________________________________________

Address
____________________________________________________________________

Phone Number
____________________________________________________________________

Other issues:
____________________________________________________________________
____________________________________________________________________

____________________________________________________________________
____________________________________________________________________
RECOMMENDED MEANS OF DISPOSAL:

**Exchange** for the following objects

________________________________________

...of __________________ approximate value with (Organization)__________________

________________________________________

Contact: ________________ Phone: ________________ This organization can provide proper care and management. Sample's object is valued at __________

**Donation** to (Organization)

________________________________________

Contact: ________________ Phone: ________________

**Public Sale** at

________________________________________

Contact: ________________ Phone: ________________

**Destruction** to be carried out by

________________________________________

REQUEST TO DEACCESSION MADE BY:

________________________________________ Date: ____________________

Sample Staff Member

SAMPLE MUSEUM DIRECTOR RECOMMENDATION:

Retain ____ Further Study ____ Exchange ____

Transfer ____ Public Sale ____ Destruction ____

For Committee __________________________ Date: ______

BOARD COLLECTIONS COMMITTEE RECOMMENDATION:

Retain ____ Further Study ____ Exchange ____

Transfer ____ Public Sale ____ Destruction ____

For Committee __________________________ Date: ______

FULL BOARD DECISION:

Retain ____ Further Study ____ Exchange ____

Transfer ____ Public Sale ____ Destruction ____

For Board __________________________ Date: ______
DISPOSITION:

**Exchanged** with (Organization)____________________________________________
  Date:_________ Contact:_________________________ Phone:____________________

**Donated** to (Organization)____________________________________________
  Date:_________ Contact:_________________________ Phone:____________________

**Sold at**________________________________________________________________
  Date:_________ Amount Received:___________________________________________

**Destroyed** by the following means__________________________________________
  Date of destruction:________________________________________________________

NOTES: