

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: