

**Special Collections & Archives
Deaccession Form**

Reviewer's Name _____

Date Reviewed _____

Collection / Accession Identifier / Call # _____

Item description _____

Collection described in:

- | | |
|---|---|
| <input type="checkbox"/> Online finding aid | <input type="checkbox"/> Internal inventory |
| <input type="checkbox"/> Library catalog | <input type="checkbox"/> Other _____ |

Reason for deaccessioning:

- | | |
|---|--|
| <input type="checkbox"/> Duplicate material | <input type="checkbox"/> More appropriate at another institution |
| <input type="checkbox"/> Outside scope of collection policy | <input type="checkbox"/> Loss or theft |
| <input type="checkbox"/> Deteriorated materials beyond repair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mold / Mildew / Pest infected | |

Disposal Method:

- | | |
|--|---|
| <input type="checkbox"/> Destruction | <input type="checkbox"/> Public auction |
| <input type="checkbox"/> Transfer to other institution | <input type="checkbox"/> According to general collection policy |
| <input type="checkbox"/> Exchange with other institution | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Returned to donor | |

Transfer / Exchange Institution _____

Estimated Cost _____

Estimated sell price _____

Has the state retention period been met? ☐ Yes ☐ No

Retention Schedule ID# _____

Donor's Contact information _____

Was donor able to be contacted? ☐ Yes ☐ No

Donors wishes for disposal? _____

Gift Agreement reviewed? ☐ Yes ☐ No

Does DSU own the physical property? ☐ Yes ☐ No

Does DSU own the intellectual property? ☐ Yes ☐ No

Has the material been used? ☐ Yes ☐ No

Is it cited or reproduced in a publication or exhibit? ☐ Yes ☐ No

How many times and when? _____

Final Decision:

☐ Deaccession

☐ Retain

Special Collections Librarian & Archivist

Signature _____ Date _____

Dean of Library & Learning Services

Signature _____ Date _____

Revised 02/2019