



Transfer of Public Records to State Archives

Records Transfer Procedure to History Nebraska

1. Fill out the *Transfer of Public Records* form for possible transfer of records to the State Archives. Do not fill out areas that are not pertinent. Please fill this form out to the best of your ability and use complete information as possible. *Remember to fill out the restricted or unrestricted status on the form if your agency or department knows this information.* [Note: If records are sent to a vendor for filming, this form must accompany the security microfilm when it is transferred to the Archives or sent electronically.]
2. E-mail or mail this form to the curator of government records after completing. Make sure to print or save one copy for your records.
3. Only records listed as permanent on an approved records retention schedule are eligible for transfer to the State Archives. To locate current schedules for your agency or department, refer to the following:
http://www.sos.ne.gov/records-management/retention_schedules.html

Long-term historical value of these materials are subject to evaluation by the Curator of Government Records and the State Archivist.

If you have any questions feel free to contact us at:

Curator of Government Records
History Nebraska
Attn: Anna Holley
5050 N. 32nd St.
Lincoln, NE 68504
402-471-4783
Anna.holley@nebraska.gov

Contact Information

Agency	Division
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Records Officer Name:
Name of Person Submitting Form:
Position Title:
Microfilm Vendor:
Phone No.:
E-Mail:
Address:

Records Information

Inclusive Dates	Records Schedule No. (cite specific no. from schedule for your agency/department)

Confidential Status

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Statute #:
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Volume (please enter an amount for each applicable record type)

Boxes	Volumes	Items/Folders	Microfilm reels	Images

If transferring microfilm, reel information

Microfilm Roll Type	Roll Numbers	Project Number
16 mm film		
35 mm film		

Description of Records (attach page(s) if a long list/inventory of materials)

Restricted or Unrestricted Use of Materials Agreement

Confidential/Restricted Status:

I certify that all records being transferred to the State Archives are for permanent retention and *must remain in confidential and/or restricted status.*

Date of Restriction:	
Ending Date of Confidential Status:	
Title	
Signed	Date

Unrestricted Status:

I certify that all records being transferred to the State Archives for permanent storage have been reviewed for confidential information and are *ready for public viewing.*

Title	
Signed	Date