

## STATE & LOCAL GOVERNMENT RECORDS TRANSFER FORM

Accession No. (for Archives use only)

HISTO CONNECT								
	tory Connection thives of Ohio	Political 1	Political Entity					
	s OH 43211	Department/Office/Agency/Unit Address						
	)297-2546							
Email: sta	atearchives@ohiohistory.org	City, State, and Zip Code Pho			Phone	one		
Schedule Number	Record Series Title and Description	Inclusive Dates of Records	Media Type	Quantity (boxes, folders or bytes)	Number of Files (Electronic)	File Types (Electronic)	Contains Restricted	
Authorize	ed Signature of Staff Transferring Reco	rds   Printed Nar	ne, Title		Email Address	S	Date	
	ning above, you are certifying th ur knowledge, authentic origina		or accurate	e reproducti	ions of the o	•		
Signature of State Archives Staff Receiving Records, Title								

## Instructions

WITH THE TRANSFER OF RECORDS, return a signed copy of this transfer form to the State Archives of Ohio. A copy of this transfer form will be returned to acknowledge receipt of the materials. With regards to electronic records, it is important that you do not delete the transferred files until you receive a copy of the transfer form back (it will be sent to the provided e-mail address). This indicates that the State Archives have received all the files that were intended to be sent.

Please provide the following information on the form:

**Political Entity**: State agency or local government.

Department/Office/Agency/Unit: Originating office responsible for records being transferred.

Address: Physical location of the state or local office where the files originated.

<u>E-Mail Address/Phone</u>: Necessary for State Archives staff to contact you about the records transferred should there be any issues.

Accession Number: Leave blank. To be filled out by State Archives staff.

<u>Schedule Number</u>: List the schedule number assigned to each transferred records series as found on the approved retention schedule that authorizes the records' disposition (State-RIMS, Local-RC-2 Form).

<u>Record Series Title and Description</u>: List the records series title as stated on the approved retention schedule. Describe the records in general terms, either at the series or individual file level.

Inclusive Date of Records: List the dates (beginning and end) of the records being transferred.

*Media Type*: Select from the dropdown box the type of media being transferred.

<u>Quantity</u>: Indicate the number of boxes, folders, or, in the case of electronic records, the total amount of bytes (KB, MB, GB, etc.) being transferred.

<u>Number of Files (Electronic records only)</u>: Indicate the exact total number of individual files being transferred for each records series.

<u>File Types (Electronic records only)</u>: Indicate the formats being transferred. Open, non-proprietary formats are preferred (see list for examples) but not required. Contact the State Archives if the files being transferred are uncommon or a non-standard file type.

## **Examples of Preferred Formats:**

Databases: XML, CSV

• Moving images: MOV, MPEG, AVI, MXF

• Sounds: WAVE, AIFF, MP3, MXF

• Still images: TIFF, JPEG 2000, PDF, PNG, GIF, BMP

Tabular data: CSV

• Text: XML, PDF/A, HTML, ASCII, UTF-8

<u>Contains Restricted</u>: If records being transferred need to have restricted access for any reason, please put those files in a folder separate from the rest and clearly label that folder "Restricted" to avoid any confusion. Check this box if restricted or confidential material is included in the records series being transferred.

<u>Authorized Signature</u>: Signature of staff transfering the records. A digital signature can be used if desired.

Printed Name, Title: Provide a printed version of your name and your job title.

<u>Email Address</u>: Provide an email address where we can send you back a copy of the transfer form and let you know that your records have been recieved.

If questions arise, please contact the State Archives at (614) 297-2536 or statearchives@ohiohistory.org