**Deaccessioning Form**

Original to Deaccession File

Copy to Master File

**Accession #:**

**Object Name:**

**Date:**

**Institution Name:**

Address:

Phone Number: Email:

Reason for Deaccession Disposition Mode Disposition Recipient

**Notes**:

☐ **Deaccessioning Authorization on File**

*x*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *x*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Governing Authority Signature Governing Authority Signature

Name (print): Name (print):

Title: Title:

Date: Date: