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If a State agency, complete form and send to:

Indiana State Archives Indiana Archives and Records Administration 6440 E. 30th Street, Indianapolis, IN 46219 Telephone: (317) 591-5222

Fax: (317) 591-5324 E-mail: arc@iara.IN.gov If a county/local government, complete form and send to:

County/Local Records Management Indiana Archives and Records Administration 402 W. Washington Street, Room W472, Indianapolis, IN 46204 Telephone: (317) 232-3380

Fax: (317) 233-1713 E-mail: cty@iara.IN.gov

Instructions and Guidelines for Transferring Microform Records

1. USE A SEPARATE FORM FOR EACH RECORD SERIES

- 2. This form is to be used only for the transfer of records on any type of Microform. "Microform" means any type of microfilm, microfiche, or Computer Output Microfiche (COM).
- Complete and send this form to the Indiana Archives and Records Administration (IARA) before sending the microform records. The IARA will not accept any microform records without prior approval of this transmittal form. An approved copy of this form must accompany the microform shipment.
- 4. Microform records transferred to the Indiana State Archives on an approved retention schedule must have a Record Series Number. Microform records not on an approved retention schedule will be accepted or rejected on a case-by-case basis.
- 5. By signing this form, a state or local agency transfers ownership of the microform records to the IARA. See IC 5-15-5.1-11.
- 6. Any microform record transferred to the Archives is considered to be a permanent record. The microform records must therefore meet the standards outlined in 60 IAC 2 or, where applicable, Administrative Rule 6, Indiana Supreme Court. The state or local agency is required to use acid-free boxes. The state or local agency must label the boxes using State Form 36074, which can be ordered from the IARA, State Imaging and Microfilm Laboratory, 100 N. Senate Ave., Rm. N055, Indianapolis, IN 46204, telephone number 317-232-3381, and e-mail address imaging @iara.IN.gov.
- 7. The state or local agency must verify the completeness and legibility of the records on the microform and must provide an inventory of the records on the microform.

Name of state agency / county / local office					Name of division of state agency / county / local office			
Record series title						ries number		
Total number of rolls or fiche sheets in shipment	Roll numbers			Inclusive dates of records filmed (month, day, year)				
sheets in shipment	From:	From: To:		From:		To:		
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		ER MICROFORM		<u> </u>		<u> </u>	agency / county /	
Signature of records coordinator / local official			Printed name of records coordinator / local official Date signed (month, day, y					Date signed (month, day, year)
Address (number and street, city, state, and ZIP code)			Telephone number			Fax number		E-mail address
			()			()	
Signature of person shipping microform records, if different			Printed name and title of person shipping microform records, if different Date signed (month, date)				Date signed (month, day, year)	
		RECEIPT OF MIC						
The transfer of the microform rec		_ Accepted				the reason	s:	
Signature of IARA employee authorizing transfer			Printed name of IARA employee			Date signed (month, day, year)		
Signature of Archives employee receiving microform records			Printed name	Printed name of Archives employee			Date signed (month, day, year)	

MICROFORM TRANSMITTAL AND RECEIPT

State Form 52408 (R2 / 6-15)
INDIANA ARCHIVES AND RECORDS ADMINISTRATION

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Name of state and a control (100	Name of division of state agency / sounts / lead office				
Name of state agency / county / local office				Name of division of state agency / county / local office	
Record series title			Record series number		
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	From:	To:	From:	To:	
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INVENTORY OF RECORDS

Roll Number or Sheet Numbers: Number rolls or sheets sequentially. Note duplicate or missing numbers.

Media: Microfiche or COM; or 16mm, 35mm or 105mm film. Start / End: This could be dates, names, case numbers, etc.

Roll Number or Sheet Numbers	Media	Start	End	Description of Records