

 **Nebraska State Historical Society**

1500 R Street

P.O. Box 82554

Attn: Curator of Government Records, K. St. Facility

State Archives

Lincoln, NE 68501-2554

Transfer of Public Records to State Archives

Records Transfer Procedure to the Nebraska State Historical Society

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 (example: For Archives use only). Please use complete information when filling out this form (film roll, box, or volume must be entered along with series, description, and inclusive date information). Remember to fill out the restricted or unrestricted status on the form. [Note: If records are sent to a vendor for filming, this form must accompany the 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
Nebraska State Historical Society**

Attn: Gayla Koerting

1500 R Street,

PO Box 82554,

Lincoln, NE 68051

402-471-4783

gkoerting@nebraskahistory.org

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: (Check one) If yes, cite statute number Yes _____ No _____	Project Number
STATUTE:	

Volume Type: Please enter amount

Boxes	Volumes	Items/Folders	Microfilm	Images

Microfilm Roll Type(16mm or 35 mm)	Control No.:	Roll Numbers

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

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Restricted or Unrestricted Use of Materials Agreement

Confidential Status:

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

