

AMERICAN ITALIAN HERITAGE ASSOCIATION AND MUSEUM

1227 Central Avenue Albany, NY 12205

DEACCESSION RECOMMENDATION

Category : □Archives	□Artifacts	□Library	□Photos	Date :	
Submitted by: (name and title))				
Object ID Number:	,	Donor's Name	 ::		_
Object Name/Description:					
Current Condition : □Excel Comments:			□Poor		
********	**********	*********	********	****************	********
Documentation: □Yes		No (if no, why not?)		
Attachments:					
□Donor Form					
□Photograph					
□Catalog Record					
□Other:					
********	*******	*********	******	*********	******
Deaccessioning Criteria:		****			
1. The Museum fully and legally	owns the archival n	naterial(s), artifact(s), l	ibrary material(s	s), or photograph(s), [∃Yes □No
2. The archival material(s), artifaction					
collection for at least four ye					
3. Meet at least one of the follows			1/2	C .I	
a. The archival material(s), a purpose of the Museum			h(s) is outside th	e scope of the statem	ent of
b. The archival material(s), a the collection. □Yes □N	rtifact(s), library ma		h(s) is a duplica	te of those already he	eld within
c. The archival material(s), a failed to retain its identi			h(s) has deterior	ated beyond usefulne	ess, or has
d. The archival material(s), a the health of museum pe		aterial(s), or photograp	h(s) poses a phy	sical hazard or is dar	ngerous to
e. The archival material(s), a or infestation and may in					rioration
f. The archival material(s), artifact(s), librate	ary material(s), or p	hotograph(s) i	s not original or is	за сору
of material(s) owned	by another repos	sitory. □Yes □No			
4.Other Criteria:					

Recommended Disposition:
□Transfer to Education Department
□Transfer to Exhibits Department
□Transfer to Library
□Donate to a More Appropriate Institution:
□Intentional Destruction of Damaged or Hazardous Artifacts
□Disposal of Unidentified or Duplicate Artifacts
□Disposal of Artifacts that Fall Outside of the Museum's Scope
□Sell and Use Proceeds to Upgrade Collections
Other:

Approval:
Curator of Collections: Print Name
□Approved □Not Approved Date:
Reason for non-approval:
Other Comments:
Signature:
Director: Print Name
□Approved □Not Approved Date:
Reason for non-approval:
Other Comments:
Signature:
Board of Trustees/Collections Committee: □Approved □Not Approved Date: Reason for non-approval:
Other Comments: Secretary Signature:
Secretary Name (please print)
Final Disposition of Artifact:
Disposition:
By (print name)Date:
Signature: