



artifacts into the Museum's collection.

OONOR/TRANSFEROR INFORMATION:	
Name:	
nstitution of Affiliation, if applicable:	
Address:	
Phone:Email:	
DESCRIPTION OF SPECIMENS/ARTIFACTS (please use a continuation sheet as needed):	
Description and quantity:	
Country of origin:	
Original date of collection/manufacture:	
Provenance / Ownership History (please list names and dates of previous ownership or transactions):	
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DOCUMENTATION .	
Please initial below to confirm acknowledgement: The undersigned certifies that the specimens/artifacts were lawfully collected, purchased, or otherwise obtained under applicable local, state, and federal law, in their country of origin (initial)	
f the specimens/artifacts were exported from the country of origin and imported into the United States of America, the undersigned additionally certifies that they were lawfully exported and imported. Attach copies of all relevant documents collecting and transport permits, sales receipts, etc.) (initial)	ation
f such documentation is not available, please explain the circumstances of the collection and export/import (if applicable and the reasons for the lack of documentation:	÷),
	<u> </u>
By signing below, donor/transferor confirms that all information provided herein is true and correct to the best of their thowledge, and that they own all right, title and interest in and to the specimens/artifacts, with full authority to make a tracking of restrictions or the consent of any other party. Upon the Museum's dual countersignature below, donor/transferor prevocably transfers ownership of the specimens/artifacts described above to the Museum.	— ansfer,
Donor/Transferor's Signature:Date:	
All documentation, and transfers without documentation, will be subject to further review and inquiry by the Museum. This for associated documentation must be submitted to the Museum and evaluated by the appropriate Curator and the Office of the Regue arrangements are made to deliver specimens or artifacts to the Museum. Submission of this form does not indicate accept any restrictions or final acceptance of transfer. If the acquisition is approved, the donor/transferor will be notified in order to	gistrar

schedule delivery. Signatures of the Curator and Registrar are required to approve the acquisition and to accession the specimens or





Description Continuation Sheet (please use the space below or attach your own spreadsheet)

Description	Lot	Quantity	Country of Origin	Date of original collection/manufacture



TO BE COMPLETED FOLLOWING REVIEW BY MUSEUM:

Museum Curator's Name:	
Museum Curator's Signature:	
Division / Department:	
Acquisition Type: Gift Exchange Purchase	
Anticipated Date of Delivery of Specimen(s)/Artifact(s) to the Museum:	
The undersigned Museum Registrar hereby accepts the transfer and con-	firms date of accession:
Museum Registrar's Signature:	
Date of Accession:	
Museum Accession Number:	