Archival Electronic Records Transfer Manifest

Please type/print in ink and send to:
Nevada State Library, Archives and Public Records (NSLAPR)
100 N. Stewart
Carson City, NV 89701

Archives Accession No.:_________
Electronic Location:_____________

Agency:______________________________________________________________________

Division/Office:________________________________________________________________

Address:_____________________________________________________________________

State Agency Representative:____________________________________________________

Telephone or email:____________________________________________________________

Archival Records Series Title:____________________________________________________

RDA Number:_________________________________________________________________

Year Span (years of earliest and latest records):____________________________________

Arrangement: ____ Alphabetical      ____Chronological      ____Numerical      ____Other

Access Restrictions?   ____Yes    ____No    Reason for Restriction:__________________

Hardware Device (Type and Number):

Total Number of Bytes:_______________ Other:____________________________________

Application and Version of Software used:___________________________________________

File Format and Extension:_______________________________________________________

Metadata Level (series/folder/item):____________________________________________________

I do hereby transfer legal and physical custody of the above listed archival records to the
Nevada State Archives.

Agency Representative:_________________________ Date:___________________

NSLA Staff:_________________________ Date:___________________