The Commonwealth of Massachusetts

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Form MA-T – NOTICE OF INTENT TO TRANSFER TO ARCHIVES

Submit by e-mail: Wallace.Dailey@sec.state.ma.us

1. Transferring agency:_____
Executive Office, Authority

_____
Department, Agency *Division, Unit, etc.*

2. Total approximate volume of records proposed to be transferred (cubic feet, file drawers, boxes, digital files, etc.)

_____

3. Location of records:_____

4. Indicate type of records(s) being transferred under TYPE RECORD column: A=Public Records; B=Records containing "Personal Data"; C=Records specifically exempted from disclosure by statute. Multiple categories are acceptable (i.e., A/B). Statutory access restrictions imposed on records, and the reason for restrictions, shall be stated in writing.

5. All records must be designated as PERMANENT per applicable schedule.

Do Not Use This Space
Massachusetts Archives

_____
Accessions Archivist
(subject to archival review)
Accession number

_____

_____ / _____/_____
Date of approval

_____
Print or Type Name

_____
Address *Phone*

_____
Signature of Department Head or Authorized Agent *Date*

Applicable Schedule	Item No.	Schedule Title/Description of Record	Retention Period	Inclusive Dates	Type of Record
Example: 06/18	A 1-1	Program Establishment, Development Records	Permanent	01/96-12/00	A

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