

# The Commonwealth of Massachusetts

**William Francis Galvin**

Secretary of the Commonwealth

Records Management Unit – Massachusetts Archives at Columbia Point

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Website: [www.sec.state.ma.us/arc/arcrmu/rmuidx.htm](http://www.sec.state.ma.us/arc/arcrmu/rmuidx.htm)

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## FORM MA-T– NOTICE OF INTENT TO TRANSFER TO ARCHIVES

**Submit by e-mail: [Wallace.Dailey@sec.state.ma.us](mailto: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=Publicly Accessible 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. If applicable, indicate type of digital record(s) being transferred under DIGITAL column: D= Digital surrogate(s); E=Born-digital record(s). Multiple categories are acceptable (i.e., D/E). Additional information, such as format type if known, may be requested upon submission of form.

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

<b>DO NOT USE THIS SPACE</b>
<b>Massachusetts Archives</b>
<b>Accessions Archivist</b> <i>(subject to archival review):</i>  ACCESSION NUMBER  _____  _____ / _____ / _____ <i>Date of approval</i>

\_\_\_\_\_  
*Print or Type Name*

\_\_\_\_\_ \_\_\_\_\_  
*Address* *Phone*

\_\_\_\_\_ \_\_\_\_\_  
*Signature of Department Head or Authorized Agent* *Date*

Applicable Schedule	Item #	Schedule Title/Description of Record	Retention Period	Inclusive Dates	Type of Record	Digital
<i>Example:</i> 06/18	A 1-1	Program Establishment, Development Records	Permanent	01/96-12/00	A	D

