

# The Commonwealth of Massachusetts

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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)

Phone: 617-727-2816

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

Submit by e-mail: [Accessions@sec.state.ma.us](mailto:Accessions@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.

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 #	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

[illegible]