

DEACCESSIONING PROPOSAL

Curator / Collection Manager

Page 1

Accession Number: _____ **Acquired From:** _____

Date Acquired: _____ **Transaction:** (gift/purchase/transfer/exchange/deposit) _____

Object Description: _____

Reason for DEACCESSION Proposal (check all that apply)

No longer relevant to mission statement _____

Not museum quality _____

Redundant _____

Deteriorated beyond repair _____

Other _____

Explain: _____

Exhibit History: _____

If object was a gift:

Is donor still alive? (yes / no / unknown) _____ Donor likely to make a further gift or bequest? (yes / no / unknown) _____

Has donor or heirs been contacted and what were the results? _____

If object was purchased:

Purchase price: _____ Fund(s) used: _____

Value:

Value at acquisition: _____ Current market value: _____

How was current value determined? _____

If artist is still living, describe results of efforts to contact him/her: _____

Disposition Recommendation:

Public Auction: _____

Exchange for/from: _____

Transfer to: _____

Destroy (must justify): _____

Other: _____

Elaboration/Justification: _____

Curator/Collections Manager name (print)

Signature

Date

Accession number: _____

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Registrarial

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Does the Besser Museum for Northeast Michigan hold clear title to this object and how is ownership documented? _____

List any restrictions on the original transaction that would affect deaccessioning or disposal: _____

Notifications Required

X	Who	Reason	Date Notified
	Donor		
	IRS		
	Tribe (name)		
	Attorney General		
	Artist		

Other Notes/Recommendations: _____

Collections Manager name (print)

Signature

Date

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Director and Board of Trustees

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Date Presented to Museum Director: _____

Approved / Not Approved

Reason for non-approval: _____

Attach meeting notes

Date Presented to Collections Committee: _____

Approved / Not Approved

Reason for non-approval: _____

Attach minutes of Collections Committee meeting

Date Presented to Museum's Board of Trustees: _____

Approved/Not Approved

Reason for non-approval: _____

Attach minutes of Board of Trustees meeting

Director Name (print): _____

Signature: _____ *Date:* _____

Collection Committee Chair Name (print): _____

Signature: _____ *Date:* _____

Board President Name (print): _____

Signature: _____ *Date:* _____

Return Entire Form with All Attachments to Collections Manager