State Agency Electronic Records Transfer

AGENCY INFORMATION

Agency:

_____

Division:

_____

Office/Branch/Unit:

_____

Transferring Employee:

_____
Name   Phone   E-mail

Additional Contacts:

_____
Name   Phone   E-mail

_____
Name   Phone   E-mail

RECORDS SERIES INFORMATION

For completion by Records Analyst (NOTE: There should be a separate form for each records series.)			
Item Number:			
RC Number:			
Series Title:			
Effective Date of Schedule:			
Disposition Instructions:			
Public Series Listing Form (99S) has been completed		□ Yes	□ No

Classification for access:

□ Open/Public   □ Confidential/Sensitive

□ Open/Redacted   □ Not yet known

□ Contains some confidential records

If this series contains confidential records/information, describe (e.g., SSNs, etc.):

_____

Is this series subject to audits or other official action? ☐ Yes ☐ No

    If yes, explain:

        _____

SUBMISSION INFORMATION PACKAGE

Creating entity/agency (if different from agency information above):
_____

If these records are from a database, please list the fields transferred:
_____
_____
_____

Inclusive dates of records being transferred: _____

    Dates created (if different): _____

For completion by Records Analyst:
  No records in this series dated after _____ may be transferred.

Record Format and Documentation:
Digital content structure/file types(check all that apply; continued on next page)

Note: for email transfers, please use the State Agency Email Transfer Form (RC-2D-E)

Word processing ☐ PDF/A ☐ ODT ☐ DOC(X) ☐ RTF

Plain text ☐ TXT ☐ CSV

Structural markup text ☐ XML

Spreadsheet ☐ ODS ☐ CSV ☐ TXT ☐ PDF/A ☐ XLS(X)

Audio ☐ WAV ☐ AIF(F) ☐ MID(I) ☐ WMA ☐ MP3
  ☐ M4A

Digital image ☐ TIF(F) ☐ JPG ☐ PDF/A

DIVISION OF ARCHIVES AND RECORDS — GOVERNMENT RECORDS SECTION
http://archives.ncdcr.gov

MAILING ADDRESS:	Telephone (919) 814-6900	LOCATION:
4615 Mail Service Center	Facsimile (919) 715-3627	215 N. Blount Street
Raleigh, N.C. 27699-4615	State Courier 51-81-20	Raleigh, N.C. 27601-2823

| **Digital video** | ☐MKV | ☐ AVI | ☐ MP4 | ☐ MP2 | ☐ MOV |
| | ☐ WMV | ☐ MXF | | | |

| **Raster image** | ☐ TIF(F) | ☐ JP2 | ☐ JPG | ☐ PDF/A |
| | ☐ GIF | | | |

| **Vector image** | ☐ SVG | ☐ DXF | ☐ PDF/A |

| **Presentation** | ☐ ODP | ☐ PDF/A | ☐ PPT |

Other _____

Software used to create/access records: _____

Are there any spreadsheets being transferred: ☐ Yes ☐ No

　　　If yes, please identify the cell formulae used:
　　　_____

Is e-mail being transferred: ☐ Yes ☐ No

　　　If yes, please include what e-mail header information will be transferred (sender, recipient, etc.): _____

Supporting Documentation transferred (e.g., index, data dictionary, metadata codes, system documentation, etc.):

_____

_____

Preservation Issues (e.g., data dependencies, linked files/fields, files were normalized to another file format, encryption, compression, digital signatures, etc.):

_____

_____

Special Instructions:

_____

_____

Bag List and Description See Bagger GUI User Guide (https://archives.ncdcr.gov/documents/bagger-gui-user-guide) for instructions on creating and naming bags.

Physical Media	Bag Name	Number of Files	Total Size of Bag	File Formats
Totals for the entire transfer:				

Media used for transfer (choose one):

☐ hard drive   ☐ flash drive   ☐ CD   ☐ DVD   ☐ FTP

For all media except FTP, choose one:

☐ Agency-owned media: please return with electronic records intact

☐ Agency-owned media: please destroy electronic records and return media intact

☐ Agency-owned media: please destroy media and copies of records when transfer complete after filming or transfer to the Digital Repository

☐ Agency-owned media: please destroy media and retain copies of records permanently when transfer complete

☐ Media owned by Government Records

Date of Transfer: _____

Signature of Agency Representative: _____

FOR INTERNAL USE ONLY

FOR IMAGING

	Unit	Name	Date
Records received	RAU		
Bag list verified	RAU		
Records recorded in AXAEM	RSU		
Records sent to Imaging Unit	DSS		
Confirm records receipt with agency	RAU		
Copies of transfer: ☐ Destroyed after filming ☐ Retained permanently	RAU/DSS		
Physical media disposition: ☐ returned ☐ destroyed	RAU/DSS		

FOR TRANSFER TO DIGITAL REPOSITORY

	Unit	Name	Date
Records received	RAU		
Bag list verified	RAU		
Records recorded in FAIDS	RSU		
Records accessioned	RDU		
Records validated	DSS		
Fixity check before quarantine			
Virus check before quarantine			
Fixity check after quarantine			
Virus check after quarantine			
Records accepted into digital repository	DSS		
Confirm records receipt with agency	RAU		
Copies of transfer: ☐ Destroyed after filming ☐ Retained permanently	RAU/DSS		
Physical media disposition: ☐ returned ☐ destroyed	RAU/DSS		

Location of records in digital repository: _____

Added to turnover file: _____