archives.ncdcr.gov   4615 Mail Service Center, Raleigh, NC 27699   919-814-6900

STATE AGENCY DIGITAL RECORDS TRANSFER

STATE AGENCY TRANSFER CONTACT INFORMATION

_____
State Agency Name

_____
Name of State Agency Representative

_____   _____
Telephone   Email

RECORDS SERIES TRANSFER INFORMATION

_____
Title

_____
Description of records series

_____   _____
Item Number   Functional Schedule RC Number

_____
Disposition Instructions

_____
Creating State Agency Name

_____
Dates of Records

Classification for Access:

☐ Open/Public   ☐ Confidential/Sensitive   ☐ Not yet known

☐ Open/Redacted   ☐ Contains some confidential
                         records

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

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RECORD FORMAT AND DOCUMENTATION:

_____

Digital Content Structure/files types (ex: PDF/A, TIFF, etc.)

_____

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.):

_____

Special Instructions

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

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

_____   _____

Signature of Agency Representative: Date of Transfer