

External Materials Loan Form
[Archives' Name Here]
[Your Institution's Name Here]

RECEIVING INSTITUTION INFORMATION

Institution Name: _____

Requested by: _____ **Date Requested:** _____

Institution Address: _____

Phone Number: _____ **E-mail address:** _____

ON LOAN MATERIAL INFORMATION

Collection Number(s): _____ **Collection Title(s):** _____

On Loan Material Description: _____

Loan Start Date: _____ **Loan Return Date:** _____

Reason for Loan:

☐ Exhibit ☐ Reproduction ☐ Research ☐ Other: _____

SECURITY AND CONDITION AGREEMENT

Description of Security: _____

Insurance value to be covered by receiving institution: (Archives may require proof of insurance) _____

Outgoing Condition: ☐ 1 (Excellent) ☐ 2 (Good) ☐ 3 (Fair) ☐ 4 (Poor)

Receiving Institution Staff Initials: _____ Date: _____

Archives Staff Initials: _____ Date: _____

Incoming Condition: ☐ 1 (Excellent) ☐ 2 (Good) ☐ 3 (Fair) ☐ 4 (Poor)

Receiving Institution Staff Initials: _____ Date: _____

Archives Staff Initials: _____ Date: _____

Additional Condition Details: _____

AGREEMENT: *The transferring material indicated above has been loaned to the receiving institution and will be maintained in a safe, secure environment that will cause no damage, as approved by [Your Institution's Archives Department]. The receiving institution agrees to insure the material until it has been returned to [Your Institution's Archives Department] on the specified return date in a satisfactory condition.*

Receiving Institution Staff Signature: _____ Date: _____

Archives Staff Signature: _____ Date: _____

Archives Department - Internal Use Only

Date Loaned: _____ **Received from Institution:** _____

Completed by: (Staff Signature) _____ **Date:** _____

Updated 02/2024