

# Agreement for the Transfer or Temporary Custody of Professional Records

Under this agreement,

I \_\_\_\_\_  
Name and title of the professional transferring their records License Number

Practicing at \_\_\_\_\_  
Address of the main place of practice

\_\_\_\_\_  
Email Address Phone Number

Transfer my files to

\_\_\_\_\_  
Name and title of transferee License Number

Practicing at \_\_\_\_\_  
Address of the main place of practice

\_\_\_\_\_  
Email Address Phone Number

- I am permanently ceasing to practice permanently transferring my professional records as of \_\_\_\_\_.
- I am temporarily transferring my professional records for temporary custody until \_\_\_\_\_.
- I am preemptively designating the above-named professional as a temporary custodian or transferee in the event of temporary or permanent incapacity.

I confirm that I have taken the necessary steps to ensure that: \_\_\_\_\_  
Name and professional title of transferee

and transferee can take possession of my records on \_\_\_\_\_  
Date or "when the time comes"

\_\_\_\_\_  
Signature of the professional transferring their records Date

I agree to be the transferee of my colleague's records. I am aware of my responsibilities as transferee.

\_\_\_\_\_  
Signature of transferee Date