

Donor record number

Copyright Release Form

_____ **Community Archive/Heritage Group**

1. I confirm that any photographs, documents or recordings submitted to the _____ Community Archive belong to me.
2. I confirm that, to the best of my knowledge, I own the copyright to the photographs, documents or recordings submitted.
3. I give permission for my photographs, documents and recordings to be copied into the _____ Community Archive and agree to their use, or part thereof, for educational, not-for-profit purposes, including:
 - Public performance, lecture or talks.
 - Publications, including print, audio or video and other digital media
 - Public reference purposes in libraries, museums and archives.
 - Publication on the internet.
 - Use on radio or television.
 - Use for research and educational purposes
4. I agree to the inclusion of my name and address in any register required by the [Data Protection Act \(2018\)](#)

Name

Signed

Date

Address

.....

.....

Telephone

Email

*By signing this form, I consent to my contact details being held by the above group for purposes relating to my donation. My information will not be shared with any third party.