

Copyright Release Form

Donor record number

_____ **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 accessioned into the _____ Community Archive and agree to their use, or part thereof, for educational, not-for-profit purposes, including:
 - Public performance, lecture or talks.
 - Use in 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 give permission for my name to be included as the author/owner/copyright holder should this material be used for the above listed not-for-profit purposes.

I agree I do not agree

5. I agree to the _____ Community Archive keeping my personal details on record for the purposes of maintaining a historical archive only. My information will not be shared with any third party.

Name

Signed

Date

Address

.....

Telephone

Email.....

Additional Information

(Use this space to record details about the material being submitted)