

ACT HERITAGE LIBRARY

Original Materials Deed of Gift

HMSS: _____

donor details	I am the owner of/creator of/have authority to donate the described material to the ACT Heritage Library <input style="float: right;" type="checkbox"/>	
	creator	_____
	donor	_____ position/relationship _____
	contact details	_____ _____
	collection title	_____
	Is this the first donation? <u>Yes / No</u> Accession number of earlier donations _____	
	The ACTHL may not accept all or part of this material. If we do not accept this material do you want it returned to you? <u>Yes / No</u>	
	If you do not wish the material returned to you, the ACTHL reserves the right to dispose of the items in an appropriate manner.	
access conditions	<input type="checkbox"/>	OPEN The ACTHL may provide access to researchers without condition.
	<input type="checkbox"/>	RESTRICTED The ACTHL may provide access to authorized persons only. Researchers must apply to the records creator for permission . Condition applies to the entire collection until: _____ Condition applies to specific materials (list) until: _____
	<input type="checkbox"/>	CLOSED The ACTHL may not provide access to researchers. Condition applies until: _____
copyright	<input type="checkbox"/>	I assign all copyright which I own or am entitled to transfer in this material to the ACT Heritage Library.
reproduction permissions	<input type="checkbox"/>	FULL The ACTHL may supply copies for publication and exhibition with due acknowledgement of the creator.
	<input type="checkbox"/>	RESTRICTED The ACTHL may supply copies only for the purpose of research and/or private study. My permission is required for publication, broadcast or exhibition. Condition applies until: _____
special conditions	Please state any special conditions for access or use of this material not already covered. Note that special conditions must be negotiated with the ACT Heritage Library and the imposition of conditions will affect its attractiveness to the ACT Heritage Library and usefulness to the research community.	

Signed, sealed and delivered by the donor as a Deed in the presence of the witness name below.

donor	_____	date	_____
receiving officer	_____	date	_____
witness	_____	date	_____

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administrative history / biographical notes	information on history of group such as when started and ended, significant name changes, names of preceding and succeeding organisations, reason for existence or vital dates for individuals, statement of significance, reason for donation ATTACH EXTRA SHEETS IF NECESSARY

preliminary box list	BOX #	RECORDS DESCRIPTION	QUANTITY	DATE RANGE
		Complete this form for 5 or fewer items under transfer. For larger collections please use Preliminary Box List Template provided in the Donor Kit.		

office use only	incoming containers	total number of containers	total metres	location
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