

**WEBSTER PARISH LIBRARIES
ARCHIVAL DONATION WAIVER FORM**

Donor wishes to donate archival items and understands that any gifts or donations made to the Webster Parish Libraries are accepted with no strings attached. At the point of donation, the donation becomes the sole property of the library system to be used as the system sees fit. Donated items will be evaluated under the same standards used in collection development and are accepted with the clear understanding that those not added to the collection may be disposed of as seems desirable to library system. The library will not assess a value for tax purposes.

Donor requests that materials be returned after archiving. The donor acknowledges that the items may not be returned in the same condition as they were submitted and accepts the risk that items may be lost during transit and/or processing.

Name of Donor:

Mailing Address of Donor:

(Please Print)

MATERIAL INFORMATION:

Title/Name of the Collection: _____

Date of Origin: _____ Creator/Author/Source: _____

Description of the Materials: (Please provide a brief description of **each** item being donated. If necessary, attach and/or submit the information required separately from this form. Include details about the subject matter, types of materials, and any historical significance.)

DONATION TERMS:

- **Ownership and Copyright:**
I affirm that I am the rightful owner of the materials being submitted, and I have the legal right to transfer ownership of these materials to the library. If applicable, I confirm that I hold the necessary permissions to submit the materials that may be protected by copyright.
- **Submission Acceptance:**
I understand that the library reserves the right to accept or decline any materials based on its collection policies and needs. Materials become the property of the library and may be housed, digitized, or otherwise used as deemed appropriate.
- **Public Access and Use:**
I grant the library permission to make the materials available for public use and research, including possible digitization, exhibition, and distribution as per the library's policies.
- **Tax Deduction:**
I acknowledge that the library may provide a written acknowledgment of my submission, but it is my responsibility to determine the tax-deductible value of the materials if donated permanently.

DONOR SIGNATURE:

I, the undersigned, have read and agree to the terms and conditions set forth in this form.

Signature of Donor

Date

Signature of Accepting Employee

Date

FOR LIBRARY STAFF USE ONLY

Does the donor wish to have the material returned after archival scanning: <input type="checkbox"/> YES <input type="checkbox"/> NO
Donor Contact Number for Pickup: _____
Dates of Contact: _____
Complete the following upon return:
Return Date: ____/____/____ Staff initials: _____