

Archives or Art Donation Form

Name of Donor: _____

Address: _____

Email: _____ Telephone: _____

Description of items offered to the RMH Archives / Art Collection (including type, number and date range)

Describe the relationship of the donor to the RMH, and/or to the creator of the material:

OFFERED FOR:

Gift

Note that if donating items as a gift, any copyright that may exist in the item/s hereby passes to the RMH.

Loan

Loan Period: _____

Copying

Note that originals will be returned.

Other

AUTHORITY:

- Permission is granted for the hospital to make copies in response to requests for the purpose of research and study.
- Permission is granted for the hospital to make copies in response to requests for the purpose of publication, and to authorise the use of that material in publications.
- Permission is granted for the hospital to use the material in exhibitions.

RESTRICTIONS:

If required, describe any restrictions on access or special instructions relating to the material. Please include reasons for the restrictions plus any time limits that may apply.

- If item/s are offered for loan only, permission is granted for the RMH to acquire ownership, including copyright, of the material after the death of the owner.

Signature of Donor: _____ Date: _____

Signature of RMH
Representative: _____ Date: _____

Name of RMH Representative (printed): _____

ARCHIVES USE ONLY:

Date Received: _____ Received By: _____

Accession Number: _____ Location: _____

Date Copied: _____ Date Originals Returned: _____