

The Temple-Tifereth Israel Veterans History Project Digitization Permission and Donation Form

If you have material pertaining to more than one veteran, please complete a *separate form* for each veteran.

Please complete the information below and indicate your agreement to participate in The Temple-Tifereth Israel's Veterans History Project and to donate scans of your materials to The Temple's Archives. Thank you for participating!

Participant Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Serviceperson's Name (if different): _____

Permission & Donation

Please read the following information, list items to be scanned, and then sign at the end of this form.

By signing below, I agree:

- To participate in The Temple's Veterans History Project and provide accurate information about the history and ownership of the materials to be digitized.
- That the material to be digitized is either in the public domain (e.g., official records such as draft cards), or that I am either (1) the lawful owner of the copyright in the material or (2) the authorized representative of the lawful owner of the copyright in the material.
- That some materials are inherently fragile and while The Temple will use reasonable standards of care in scanning such materials, damage to my materials may occur. I, therefore, release The Temple from any claims arising from its handling during the time they are in The Temple's possession for digitization.
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If you wish to provide more information about a document than you have room for on this form, please feel free to attach additional sheets. Include with it the item number that matches the one provided below.

Item Number	Item Description	Number of Pages
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Participant's Signature: _____

Date: _____