

Laura Kipen Memorial Archive: Donor Agreement form

Who are you and how do we keep in touch with you?

Given name	
Family name	
Postal address 1: street number & name	
Postal address 2: suburb	
Postal address 3: postcode	
Email address:	
Mobile telephone number:	

What's your relationship to Bialik College?

		First year	Last year	School Council roles & years	Parents' Association roles & years	Other roles & years
Past / Present	Student					
Past / Present	Parent					

		First year	Last year	Subject/s or Department
Past / Present	Teacher			

		First year	Last year	Area/s of activity or interest etc
Past / Present	Non-teaching			

	Other eg general public, community, special project or contractor –if you had a role or function please specify what it was, the project and dates
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The material you're offering to the Laura Kipen Memorial Archive:

Quantity	Description or title eg college yearbook 2013 Bnei Mitzvah DVD 2007 Igeret Ktana 1987 photos year 7 camp 1988 AND if you're offering photographs please clearly name as many people as you can	Who made it?	Who used it? when?

Permissions: please circle YES / NO as appropriate

YES / NO	I own the material described here.			
YES / NO	I am giving it unconditionally to the Laura Kipen Memorial Archive at Bialik College.			
YES / NO	I give permission to Bialik College to use the material and reproduce it by whatever means it chooses for its own benefit and the benefit of the College community.			
YES / NO	I agree to my name appearing in any public display, presentation or publication that features the material			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="81 1375 970 1514" style="width: 60%;">Name:</td> <td data-bbox="970 1375 1331 1514" style="width: 20%;">Signature:</td> <td data-bbox="1331 1375 1522 1514" style="width: 20%;">Date:</td> </tr> </table>		Name:	Signature:	Date:
Name:	Signature:	Date:		