

DONOR AGREEMENT

THE HELSABECK ARCHIVES OF THE STONE-CAMPBELL MOVEMENT

Emmanuel Christian Seminary Library at Milligan, 1 Walker Drive, Johnson City, TN 37601

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| NAME: | | | |
| ADDRESS: | | | |
| EMAIL: | | | |
| CURRENT STATUS (circle one): Student | Faculty/Staff | Alum | Community |
| DEPARTMENT: | | | |
| DESCRIPTION OF MATERIALS: | | | |
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ACCESSION NUMBER_____

TURN OVER



The donor transfers **all right of ownership** of these materials to The Helsabeck Archives at Milligan University (Archives). Items donated may be placed in either The Holloway Archives at Milligan University or The Helsabeck Archives of the Stone-Campbell Movement, as deemed appropriate by the university archivist. The Archives agrees to protect and preserve to the extent feasible the physical and/or digital materials. The Archives may arrange or rearrange these materials according to accepted archival principles, to make them more accessible to researchers. **The donor retains the right of access to the materials**, even if restricted to the public, during the Archives' normal hours of operation. **Unless otherwise specified, the materials will be made available to the public for research purposes**. Please specify below **any restrictions on access** and **initial them**.

RESTRICTIONS:

- □ No restrictions (Initials:_____)
- Restricted for ____ years (Initials:_____)
- Restricted until death of ______ (Initials:_____)

The Archives reserves the right to reevaluate and reappraise historical materials in its holdings and to **deaccession them when appropriate**. Deaccessioned collections and items weeded from collections during processing, due to duplication, irrelevance, limited use, or deterioration, will be offered to the original donor or his/her agent **if so requested** at the time of donation. If the donor wishes not to reclaim the material or cannot be located with a reasonable search, the Archives reserves the right to **offer the material to other depositories or discard the items**.

- I wish to be contacted in the event of deaccessioning of these materials.
 (Initials:_____)
- I do not wish to be contacted in the event of deaccessioning of these materials.
 (Initials:_____)

DONOR'S SIGNATURE:_____

DATE:_____

ARCHIVIST'S SIGNATURE:______

DATE:_____