Ohio State University Center for Folklore Studies **Folklore Archives**

Archival Database Information

Depositor Checklist

Depositors should complete the fields below, indicating the contents of their archival donation. Check all items that are included in your archival donation.

Informant Consent Forms (for each **Depositor Consent Form** interviewee)

Audio files, video files,

Written Project (PDF) images (in preferred formats)

Depositor Information

Depositor Name (Last, First, MI)

Title of Project

Instructor Name (Last, First)

Semester/Year (ex: Autumn 2017) Course Number (ex: ENG 2270)

Depositor Rank

Freshman (undergraduate) Sophomore (undergraduate)

Junior (undergraduate) Senior (undergraduate)

Graduate Student Other

Project Contents

of pages (PDF) # of Audio Files (.wav or .mp3)

of Video Files (.mp4) # of Images (.jpg or .tiff)

Other contents

Total # of interviewees Location of Collection (ex: Columbus, OH)

<u>Keywords</u> (to be completed by collector and reviewed by instructor): **genre or tradition**; **locations** (city, town, neighborhood, building, business, placenames); **groups** (occupation, ethnic, voluntary associations); **specialized terms or vocabulary** (slang, abbreviations, etc.). Be as descriptive as possible, keeping in mind the search terms that future researchers may use to find your project.

If you have questions about keywording your project, consult the American Folklore Society's Ethnographic Thesaurus or email patterson.493@osu.edu.

Interviewee(s) Information	
Interviewee Name (Last, First MI)	
Interviewee Place of origin	
Interviewee Age	Interviewee Sex/Gender/Orientation
latar invas Oneva (athric	
Interviewee Group (ethnic, occupational, etc.)	
Interviewee Name (Last, First MI)	
, , ,	
Interviewee Place of origin	
Interviewee Age	Interviewee Sex/Gender/Orientation
latar invas Oneva (athric	
Interviewee Group (ethnic, occupational, etc.)	
Interviewee Name (Last, First MI)	
Interviewee Place of origin	
Interviewee Age	Interviewee Sex/Gender/Orientation
Interviewee Croup (others assumptional etc.)	
Interviewee Group (ethnic, occupational, etc.)	

Interviewee Name (Last, First MI)		
Interviewee Place of origin		
Interviewee Age	Interviewee Sex/Gender/Orientation	
Interviewee Group (ethnic, occupational, etc.)		
Interviewee Name (Last, First MI)		
Interviewee Place of origin		
Interviewee Age	Interviewee Sex/Gender/Orientation	
Interviewee Group (ethnic, occupational, etc.)		
If you have questions about using or filling out this form, email Cassie at patterson.493@osu.edu		
Date of submission (MM/DD/YYYY)		
This form last updated 08/01/2016		