

**Folklore Archives**

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Columbus, OH 43210

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**Archival Database Form &**

**Collector Consent to Donate to the Folklore Archives**

This Archival Database Form serves as a cover sheet for students donating to the Student Ethnographic Collection at the Center for Folklore Studies.

**Depositor Checklist**

Complete the fields below by typing an “X” into the checklist to indicate the contents of your archival donation.

\_\_\_ Collector (Depositor) Consent Form

\_\_\_ Interview Release Form(s) (one for each interviewee, signed)

\_\_\_ Images, audio files, video files (in preferred formats per Instructions for Electronic Submission of Ethnographic Research Materials)

\_\_\_ Audio-Visual Media Log and/or Photo Log

\_\_\_ Project

**Collector/Depositor Information**

Last Name, First Name, Middle Initial:

Title of Project:

Instructor Last Name, Instructor First Name:

Semester/Year (ex: Autumn 2020):

Course Number (ex: ENG 2270):

Collector/Depositor Rank (Undergraduate (Freshman, Sophomore, Junior, Senior)/Graduate/Other (such as Program 60)):

**Project Contents**

# of PDF/Word Pages:

# of Audio Files:

# of Video Files:

# of Images:

Other multimedia or material contents:

Total # of Interviewees:

Location of Collection (ex: Columbus, OH):

**Keywords**

This section to be completed by Collector/Donor and reviewed by Instructor. ***All projects should include a list of keywords that will help researchers and community members search your materials in the future***. [Library of Congress subject headings](http://loc.gov/aba/cataloging/subject/) and the [AFS Ethnographic Thesaurus](https://www.afsnet.org/page/AFSET) are excellent resources for this purpose. This can include the following categories:

* **Location** (county, city, state, country; specific locales, such as Gore Orphanage or Serpent Mound)
* **Genre** (legend, fairy tale, folk tale, foodways, personal experience narrative, joke, proverb, material culture, etc.)
* **Group** (racial, ethnic or national identity; faith community; intentional community, such as online gaming group), etc.)
* **Cultural practice and/or calendar custom** (wedding, Yom Kippur, Dia de los Muertos, Emancipation Day, pranks, festival, practices to change luck and/or improve fortunes, etc.)
* **Belief** (alien abductions, fake news, luck/fortune)
* **Mode of transmission** (written, spoken, material, demonstration, digital (such as memes, Reddit threads, etc.)
* and any other special terms or phrases that are unique to your project.

Write your project keywords in the shaded box below.

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**Collector Consent to Donate to the Folklore Archives**

I (First Name, Last Name) hereby give to the Folklore Archives of the Center for Folklore Studies at the Ohio State University, research, publication, and educational uses of the following project as a gift, and transfer to the Folklore Archives legal title and all literary property rights including copyright. This project will be open for unrestricted use (unless otherwise indicated below) by researchers (subject to the rules and regulations of the Folklore Archives and the Ohio State University) and may be quoted from, published, or broadcast in part or in full, in any and all media whether now known or hereafter devised. This gift does not preclude any use that we ourselves may wish to make of the information in the recording, and/or subsequent transcripts or images of such.

I request that at any time I may withdraw my collection from the Center for Folklore Studies Folklore Archives at Ohio State University.

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| **Project Access Restrictions** Only fill out this section if you (the Collector/Donor) are placing access restrictions on this project. As stated above, I am transferring legal title and all literary property rights to this project, including copyright, to the Ohio State University. However, I wish to place the following temporary or permanent restrictions on public access to this project (including the recorded audio/video and subsequent transcripts and logs of interviews, according to restrictions that may have been placed on individual interviews). Place an “X” next to your selection to indicate your preference.\_\_\_\_\_ I wish to require written permission for usage of this project during my lifetime. For those placing lifetime restrictions, please provide your birthdate \_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy).\_\_\_\_\_ I wish to restrict access to this project until a specific date \_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy).\_\_\_\_\_ I wish to have my name replaced with a pseudonym in the event of publication. |

Signature Date