**Permission: Tangible Material**

[INSERT THE NAME OF YOUR ORGANISATION] is very grateful for your kind co-operation in completing this form. The purpose of this document is to ensure that the tangible material you have contributed (e.g., written stories of Jewish life, photos, records, certificates, etc.) is preserved for future generations and used in strict accordance with your wishes.

By completing and signing this form you give [INSERT THE NAME OF YOUR ORGANISATION] permission to use your contribution and digital copies of it for the following purposes:

* 1. Publication on [ANY THIRD-PARTY WEBSITE YOU MAY USE], making the material available to the public under the terms of the Creative Archive Licence (this means that others may copy and use the digitised material for non-commercial purposes and with attribution to you):
* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. Publication on our own [INSERT THE NAME OF YOUR ORGANISATION] websites:
* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. Use in exhibitions, reference, research, publications:
* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. Use for educational purposes including lectures and presentations:
* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. Publication on social media sites, whether created now or in the future, including but not restricted to Twitter, Facebook, Pinterest etc.
* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. Use in any [INSERT THE NAME OF YOUR ORGANISATION] commercial publications, or in association with a commercial

publisher, in printed and digital form for sale throughout the world

* Yes □
* Yes, but anonymously (only your initials will be used) □
* No □
  1. To crop the Item(s) and/or incorporation into other works in a way [INSERT THE NAME OF YOUR ORGANISATION] deems

sympathetic to the Item(s):

* Yes □
* No □

Additional comments and/or restrictions:

**Contact details:**

|  |  |
| --- | --- |
| **Name in block capitals** |  |
| **Name of the organisation**  (if applicable) |  |
| **Position**  (if applicable) |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

**Date: ­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_