

**Department of Art Archive Donation Form**

PURPOSE: This form is to collect metadata for assets items for the Department of Art Archive. This data collection should be submitted to the Art Resource Manager when physical and digital assets are donated. Please note that donated materials may be kept permanently or may be discarded by the Department, and permanent preservation by the Department is not guaranteed. You may discuss any questions and concerns about the retention, treatment and use of donated materials with the Art Resource Manager before you submit any materials. Donation of materials without completing this form will mean greater difficulty for the Department and University to preserve and promote use of this content long-term. Please include as much detail as possible.

NOTE: The Department of Art and its parent entity, the University at Buffalo, reserve the right to use these materials in a wide variety of contexts, including for educational use and marketing related to University activities and initiatives.

DONATION DETAILS:

|  |  |
| --- | --- |
| **Full Name of Donor:***(Option to include preferred pronouns)* |  |
| **Relation:**If a current or former student please include your Major, any Minors, and your year of graduation (include “expected”, in parentheses if you are still enrolled). If an instructor, please indicate your medium/area, and courses you teach. |  |
| **Contact Information:***(Email, phone number, etc.)* *(all optional)* |  |
| **Date of donation:** |  |
| **Description of the materials’ quantity and format:\***(e.g. 5 images, 2 videos, and 1 t-shirt, depicting [INSERT])**When possible, include names of people, places, or specific artworks, depicted in audio/visual content:**(e.g. Image <FILE NAME> depicts from left to right NAME, NAME, and NAME, in LOCATION; repeat for each image; If a work of art, list Title, year, dimensions, and medium.)*\*For donations of multiple items, in lieu of this and the sections below in this chart, you may choose to submit a spreadsheet that describes all items.*  |  |
| **History/Source:****(Description of the materials’ context:)**Why and how created, e.g. course numbers, events, and activity associated with creation and capture, option to include *intent and inspiration of creators.* |  |
| **Rights:**If the content you are donating was created, or is a full representation of a creation, made by someone other than yourself, please identify those creators and which portion of the donation they created, so that intellectual property rights can be credited. |  |
| **Subjects:** (Topic of materials) |  |
| **Additional Notes:** |  |

FOR DIGITAL FILES:

When possible, include descriptive information about the course, student, titles, and dates (metadata), directly in individual file names. If you are not renaming individual files, then please include descriptions in this document, or attach a supplementary info sheet.

RELEASE:

Department of Art staff will review the items/records and appraise their historical value. Items judged to be of insufficient value to warrant the cost of long-term retention will be separated out and destroyed. Retained items will be kept for internal use, public display, and potentially future public access. Donated items may transferred to the University Archives, at which time they would become University records, which are public records and once fully processed are generally open to research use.

Please sign this agreement and return to the Art Resource Manager. A counter-signed copy will be returned to you. If you have questions please call 716-645-0525.

Thank you for your interest in preserving these records!

I hereby authorize and direct transfer of records as prescribed in this agreement.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the Department of Art, I authorize receipt of the records under this agreement.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT:

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