Logan College of Chiropractic/Logan University Archives

Deed of Gift

This deed of gift form is designed to transfer ownership and legal rights in materials which you as a Donor are conveying to the Logan College of Chiropractic/Logan University Archives to be administered in accordance with its established policies. The Deed of Gift constitutes the transfer of title and serves to define the terms of the transfer.

Name of donor: ________________________________________
Relationship to creator (if gift’s creator differs from donor): ______________________________

Title of Collection: ________________________________________________________

I, the undersigned, hereby donate and convey to the Logan College of Chiropractic/Logan University Archives, all rights, title, and interest that I possess in the following materials:

Description:
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_____________________________________________________________________________________

I represent and warrant that I control the copyright on all donated materials described above and that I have full right, power and authority to give the materials and convey copyright to the Logan College of Chiropractic/Logan University Archives as:

Heir: ( )       Literary executor: ( )       Sole/joint owner: ( )       Trustee: ( )

I understand that the Logan College of Chiropractic/Logan University Archives cannot provide valuations for donated materials. ___

I understand that unless otherwise noted in the Deed of Gift form, the location, retention, cataloging, preservation, and reformatting of the materials, or other considerations relating to their use or disposition are at the discretion of the Logan College of Chiropractic/Logan University Archives in accordance with institutional policy. Unless otherwise noted in the Deed of Gift form, materials added to the collections shall be accessible to all persons qualified to use materials in the Logan College of Chiropractic/Logan University Archives. ___

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_____________________________________________________________________________________
_____________________________________________________________________________________
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Collection restrictions:

I understand the above conveyance and transfer to be a final and complete *inter vivos* gift to be complete and irrevocable upon delivery of the above described materials. ___

Date material received on site: _______________________

Donor: ____________________________

       (printed name)

Donor’s signature: ____________________________ Date: _______________________

The Logan College of Chiropractic/Logan University Archives gratefully acknowledges receipt of this gift.

Archivist/Representative: ____________________________ Date: ______________________