**miami-dade public library system**

# Community Memory Project Contribution Form

Thank you for your contribution to the Miami-Dade Public Library System Digital Collections' Community Memory Project. Please email the completed form to digitalcollections@mdpls.org.

Name: _____  Address: _____

Email: _____  Phone: _____

Please provide as much information about your item(s) as possible. Fill out each section to the best of your knowledge, including specific details like names, dates, location or where the item is from, etc.

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**Item #1**

Title: _____  Date/Time Period: _____

Location: _____  Dimensions: _____

Name(s) associated with item *(If photo submission, please list full names of pictured individuals from back to front, left to right.)*:




Brief description (2-3 sentences) of the item's importance and connection to Miami-Dade County's history:

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**Item #2**

Title: _____  Date/Time Period: _____

Location: _____  Dimensions: _____

Name(s) associated with item *(If photo submission, please list full names of pictured individuals from back to front, left to right.)*:




Brief description (2-3 sentences) of the item's importance and connection to Miami-Dade County's history:

**Item #3**

Title: _____ Date/Time Period: _____

Location: _____ Dimensions: _____

Name(s) associated with item *(If photo submission, please list full names of pictured individuals from back to front, left to right.)*:

Brief description (2-3 sentences) of the item's importance and connection to Miami-Dade County's history:

# Consent Agreement

☐ I voluntarily grant permission to the Miami-Dade Public Library System, its assigns, licensees, and legal representatives to copy, display, and distribute scanned materials submitted under my name for educational, marketing, and non-commercial purposes. Additionally, I authorize the incorporation of the scanned materials, in whole or in part, into derivative works including online publications and social media platforms.

☐ I am at least 18 years old and have read this agreement.

☐ I am under 18 years old and have the signed permission of a parent or guardian to contribute my item(s). We have read this agreement.

X _____     _____
Signature                                                    Date

_____
Parent/Guardian's Name
*(If contributor is under 18 years old.)*

X _____     _____
Parent/Guardian Signature                       Date

## Admin Use Only

Contribution number(s):  Item #1: _____  Reviewer's Initials: _____

Item #2: _____  Reviewer's Initials: _____

Item #3: _____  Reviewer's Initials: _____