



COVID-19 Archive Permission Form

Name _____

Phone _____ Date _____

Email _____

Purpose

Saskatoon Public Library's Local History Room wants to hear about your experiences during the COVID-19 pandemic. Send us your photos, videos, audio recordings, written thoughts, diaries, memes, drawings, or anything else that reflects your individual experience of this time.

How you can take part

Carefully read and fill in the release form below. Then send your materials, along with this form — and, if you like, a brief statement about who you are and how the pandemic has affected your life — to lhstaff@saskatoonlibrary.ca.

- I transfer to Saskatoon Public Library (SPL) any copyright that I may have in the donated records of my COVID-19 experience. I authorize SPL to share this material with the public in connection with the COVID-19 digital archive project. I also understand and agree that by donating these materials to SPL they may be used in research, retained, or divested at the discretion of SPL and in accordance with SPL policy.
- I agree that my donation will be stored in Local History's digital collection for preservation purposes.
- I understand that I may ask to have my material removed from this archive of COVID-19 experiences at any time.

In terms of identification and reproduction of my interview, I agree to (please choose one):

- Have my name openly attached to the materials I've donated.
- Share my materials in the digital archive, but would like my name withheld.