

Document or Artifact Release Form

Date of Receipt: _____

I or we (individual or institution – please print), _____,
agree to permit Kansas State University to borrow temporarily the following documents
and/or artifacts or photographs:

Description: _____ Condition: _____

Description: _____ Condition: _____

Description: _____ Condition: _____

Description: _____ Condition: _____

Description: _____ Condition: _____

It is understood that KSU is copying these items for use in historical research and that they
will be returned as soon as possible. Any citations to these articles that appear in a
document will include the above named individual or institution as the repository for the
original item. Kansas State University assumes full responsibility for the care of the
materials while they are at the university.

Phone Number: (____) _____ Email: _____

Signature: _____ Address: _____

Director Signature: _____

Date: _____

Upon Return

I acknowledge the return of the above items.

Director Signature: _____

Date: _____

Donor Signature: _____

Condition: _____

