



**Heritage Foundation of Newfoundland and Labrador  
and Memorial University of Newfoundland and Labrador  
Digital Archives Initiative  
Release Form For Archival Material**

**Consent:** I consent to have the following material released to the Heritage Foundation of Newfoundland and Labrador for the purpose of allowing this material to be placed online as part of the Digital Archives Initiative of Memorial University, where it will be available to researchers and the public for scholarly and educational purposes. I understand that the materials may be subject to public use and publication in current or in any successor technologies. In the event of publication, I agree that the names mentioned on the recording may be used. These materials include:

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Name of Archive or Institution \_\_\_\_\_

Accession Numbers \_\_\_\_\_

Shelflist Numbers \_\_\_\_\_

Name of Informant \_\_\_\_\_

**Informant or Next of Kin Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Informant or Next of Kin's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_  
.....

This consent was witnessed by \_\_\_\_\_ Date \_\_\_\_\_