Date:	Received by:	Donor Release Form		STATE LIBRARY
Donor Name(s):			
Address:				
	[Street, Apartment nu	umber],,, [Cit	y, State]	[Zip Code]
Telephone #:	_	_ Email:		
Item/s (attach a	additional sheet if need	led):		
		, acknowledge that the acceptance and that by donating the item/s, I re		
library. The lib	rary reserves the right	to decline any gift/donation based u	pon the Co	ollection Development Policy
guidelines and	to dispose of any gift/c	donation as it sees fit. Books accepted	ed into col	lections will have a bookplate
to name the do	nor, whether individua	l or corporate.		_
Please do r	not add a bookplate to t	the donated books accepted into the	collection	s.
Signature:		Date:		
		Permission for Online Display	ý	
I,	rinted full name]	, grant the State Library of North	Carolina p	permission to
display ALL I	TEMS LISTED ABOV [circle archers ON SITE / AN [circle or highli	TE / ONLY SPECIFIC ITEMS CIRC or highlight one] YWHERE. In granting this limited ight one] aterials. My intention is not to surr	permissio	on, I assert that I have
•		ding electronic copies for personal s	•	
The following	statement shall accomp	pany each donated item:		
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