## DONATION CHECKLIST

[Must be completed for any oral history donations to BCSC.]

| Interviewee(s): | ____________________________________________________________________________ |
| Interviewer(s): | ____________________________________________________________________________ |
| Date of interview: | ____________________________________________________________________________ |
| Location of interview: | ____________________________________________________________________________ |
| Summary of topics covered: | ____________________________________________________________________________ |

- □ Release form (“Consent, Copyright, and Conditions of Use for Oral History Interview Materials”)
  - □ Signed by all interviewers.
  - □ Signed by all interviewees/narrators.
  - □ Copyright and access conditions determined.

- □ Biographical information form (“Life History & Supplemental Information”)

- □ Materials donated
  - □ Audio/video recording (required)
    - □ Number of files: ______
    - □ File name(s): __________________________________________________________
  - □ Transcript (optional but appreciated)
    - □ Number of files: ______
    - □ File name(s): __________________________________________________________
    - □ Approved by narrator/interviewee(s)
  - □ Additional materials (such as photographs, documents, or scans; optional)
    - □ Number of files: ______
    - □ File name(s): __________________________________________________________

- □ If narrators have requested that any information be removed from recordings and transcripts, then this work has been completed.

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packnc@buncombecounty.org

BCSC ID assigned: __________________