Submission Form Altman Local History & Genealogy Digital Library

Contributor Information

Name:	
Mailing Address:	
City:	State: Zip:
Phone # (Home):	Cell Phone #:
E-mail:	
Resource Information	
Type of Resource: • Image •	Document • Audio File
Title:	<u> </u>
Description:	
Date (Original):	
Release Statement: I hereby grant the record, use and publish my submissions	Florence County Library System right and permission to in any format.
Signature:	Date:
STAFF ONLY BELOW THIS LINE	
Identifier:	Creator:
Subject:	Publisher:
Date Digital:	
Language:	
Format:	

Additional Resources

Resource Information

Type of Resource: • Image • Do	ocument • Audio File
Title:	
Description:	
Date (Original):	
Release Statement: I hereby grant the permission to record, use and publish my su	Florence County Library System right and bmissions in any format.
Signature:	Date:
STAFF ONLY BELOW THIS LINE	
Identifier:	_ Subject:
Date Digital:	_ Language:
Format:	_
Creator:	_
Publisher:	_