

# Cheyenne River Sioux Tribe Cultural Preservation Office Tribal Archives

98 S. Willow St. P.O. Box 590 Eagle Butte, S.D. 57625 • Phone: (605) 964-7554 Fax: (605) 964-7552

I own (or have legal authority over) the materials described below and voluntarily give them to the Cheyenne River Sioux Tribe Cultural Preservation Tribal Archives (CRST CPO) as a donation.

It is distinctly understood that the purpose and intention of this gift is to transfer and grant all such rights, title, and interest (including but not limited to, property rights and copyrights) I possess in these materials to the CRST CPO Tribal Archives. I understand that the CRST CPO Tribal Archives will make these materials publicly accessible. I give consent to the CRST CPO Tribal Archives to digitally reformat the collection or migrate existing digital content to new technical environments as appropriate for preservation and/or access purposes.

In the event that I, my heirs, or my designees donate additional property I own or in my possession which I have legal authority, to the CRST CPO Tribal Archives in the future, title to the donated items shall pass to the CRST CPO Tribal Archives upon their delivery, and all of the provisions of this instrument of gift shall apply.

The Tribal Archives may use its discretion to dispose of material inappropriate for its collections, unless signed below.

Material Being Donated:		
Donated By:		
Telephone:	Email:	
SIGNATURES:		
Signature of Donor	Date	_
Received by:		
Cultural Preservation Staff	Date	_

With the exception of duplicates; empty binders, folders, covers, and picture frames; and publications neither by or about the collection creator, which will be disposed of by the CRST Tribal Archives, other material in the donation not retained by the CRST Tribal Archives shall first be offered to the donor by registered letter. If the donor is deceased, does not respond to the letter within 90 days, or declines to receive the materials, the Center may dispose of them.

COHENUMPA

SIHA SAFA



### CHEYENNE RIVER SIOUX TRIBE

#### CULTURAL PRESERVATION OFFICE TRIBAL ARCHIVES

#### **Accession / Deaccession From**

Steward Item:			
Mailing Address:			
City, State, & Zip:	4		
Phone #: ( Email:			
Collection Type (Check One): Artifact Audio/Video	Manuscript Photo(s)		
Maps Blueprints Journals Ledgers Men	morials Posters Plans		
Exhibits Drawings Funerary Items Human l	Remains Female		
The Archaeology Section 1	Male		
Name and Address of Person delivering item if not the Owner and Relationship to Owner:	Unknown		
Name:			
Mailing Address:			
City, State & Zip:			
Phone #: ( Email:			
Who received item / Date if known?			
Description of Item(s):			
Who, what, when, where did the person acquire the item(s)			
The CRST Cultural Preservation Office will exercise the same care and safekeeping as item I hereby release the Item(s) described above, to the Cheyenne River Sioux Tribe			
	Staff Use Only		
Releasor signature / Date	Entry Log #		
	Year:		
Receiver signature / Date	Staff:		
C.R.S.T. Chairman Signature / date	Accession #:		



## Cheyenne River Sioux Tribe Cultural Preservation Office Tribal Archives Donor Form

Owner of Item:	
Mailing Address:	
City, State, & Zip:	
Phone #: ()Email: Collection Type (Check One):  \[ Artifact \] Audio/Video \[ Manuscript \] Photos \[ Maps \] B \[ Ledgers \] Memorials \[ Posters \] Plans \[ Exhibits \] Drawings  Name and Address of Person delivering item if not the Owner & Relationship to Owner:	lueprints □Journals
Name:	
Mailing Address:	
City, State & Zip:	
Phone: () Email:	
Who Created the Item/ Date if Known?	
Description of Item(s):	
How did the person acquire the item(s)?	
Items on deposit may be reclaimed at any time by the owner with advance notice to the Cheyenne River Sioux Tribe Cultural Pres Preservation Office will exercise the same care and safekeeping as items owned by the Cheyenne River Sioux Tribe according to the I I hereby release the item(s) described above, to the Cheyenne River Sioux Tribe Cultural Preservation Office.	
Thereby release the Kernis, described above, to the enegenile Kiver Sloux Tribe cultural Freservation Office.	Staff Use Only
Signature/ Date	Entry Log# Year:
Cultural Preservation Office Representative/ Date	Staff:

Witness/ Date