

COVER LETTER

Date ____/____/____
mm dd yyy

Contributor's Name _____

Organization _____

Address _____

Phone (____) _____

Email _____

Dear Veterans History Project Staff:

Enclosed, please find a total of _____ Veterans History Project collections for the following veterans.

Veteran's Name

Materials Enclosed

I have reviewed the following checklist to ensure that each of my collections meets VHP's minimum requirements.

SUBMISSION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Original, unedited interview/materials | <input type="checkbox"/> Veteran's Release Form (p. 7) |
| <input type="checkbox"/> Recordings last at least 30 minutes | <input type="checkbox"/> Interviewer's Release Form (p. 8) |
| <input type="checkbox"/> One recording per media format (CD, DVD etc.) | <input type="checkbox"/> Audio and Video Recording Log (p. 9) |
| <input type="checkbox"/> Materials meet minimum quantities (p. 1) | <input type="checkbox"/> Photograph Log (p. 11) |
| <input type="checkbox"/> Biographical Data Form (p. 5) | <input type="checkbox"/> Manuscript Data Sheet (p. 12) |

Signed,
