

# AILLA Self-Deposit DELEGATE Agreement

To be completed by the Depositor

Please complete one form for each delegate to be assigned Self-Deposit access to your collection(s).

By completing this form, I, \_\_\_\_\_ (depositor's printed name), am assigning the individual named below to be an AILLA Self-Deposit DELEGATE for my collection(s), also named below.

Delegate's Last Name(s): \_\_\_\_\_

Delegate's Given Name(s): \_\_\_\_\_

Delegate's Email: \_\_\_\_\_

Delegate's AILLA username: \_\_\_\_\_

Name(s) and PID(s) of the Collection(s) to which Delegate should have access:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

Assign perpetual Delegate Status

Revoke Delegate Status on August 31 of (year) \_\_\_\_\_

My signature below indicates that I understand and agree to the following:

- The above-named Delegate will have full depositor control over my above-designated collection(s).
- The above-named Delegate must complete the AILLA Self-Deposit Training and sign a an AILLA Self-Deposit Agreement form before being given Self-Deposit access to any AILLA collection.
- It is my responsibility to contact AILLA at [aila@aila.utexas.edu](mailto:aila@aila.utexas.edu) if I wish to revoke the above-named delegate's Self-Deposit access to my collection(s) before the time specified above.

**Depositor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Depositor's AILLA username (printed):** \_\_\_\_\_