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Oral History Gift and Release Agreement

For good and valuable consideration, the sufficiency of which is hereby acknowledged, I, CAROL JOLLES (**name**), of 611 N. PARK AVE., APT. 405, INDIANAPOLIS, IN 46204 (**mailing address**), transfer to the **University of Alaska Fairbanks Rasmuson Library** my title, interest, and copyright to the audio/video recordings conducted on 5/19/2001 (**month/day/year**).

I understand that the Rasmuson Library makes oral history recordings available to researchers, writers, scholars, students and the interested public. I agree that the Rasmuson Library may make these recordings electronically accessible via local area networks or the Internet for circulation and preservation purposes. I agree not to hold the University of Alaska Fairbanks liable for unauthorized use of these recordings by third parties.

Recognizing that the university intends for these recordings to be used only for educational and/or non-commercial purposes, I further release and discharge the university from all right of publicity claims. This release does not restrict the undersigned from retelling their stories to others or otherwise reusing the verbal information they have shared with the UAF Oral History Program.

Carol Jolles
(signature of narrator) / AUTHOR

5/19/2001
(date)

(signature of interviewer)

(date)

Robyn L. Russell
(signature of collection manager)

8-28-01
(date)

Notes on use (Optional. Please see attached form): QUOTATIONS ARE TO BE RESTRICTED TO THE AUTHOR'S WORDS ONLY. PLEASE DO NOT QUOTE FROM THE INTERVIEWS WITH ST. LAWRENCE ISLANDERS ("LENORA" AND "JOSEPH"). FULL REFERENCE TO THE AUTHOR MUST BE MADE IN ANY CITATION.

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