

Oral History Gift and Release Agreement

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In consideration of the role of the Archives in preserving and making your recording available, we ask you to agree to the following:

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I also agree not to hold the University of Alaska Fairbanks liable for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

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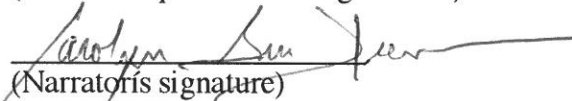
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Carolyn Kremers
(Narrator's printed name)

3-5-04
(Date)

PO Box 84223 Fairbanks, AK 99708
(Narrator's printed mailing address)


(Narrator's signature)

(Interviewer's printed name & signature)

(Date)

(Collection manager's signature)