

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:

I, Karen Dallen, transfer to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright to the recording.

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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- The Library may make this recording electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
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Please be assured that we will do all that we can to inform users of these conditions and thereby minimize the potential for misuse. **None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.**

Karen Dallen  
(Narrator's printed name)

6/30/05  
(Date)

P.O. Box 7294 Fair. 99707  
(Narrator's printed mailing address)

Karen R Dallen  
(Narrator's signature)

\_\_\_\_\_  
(Interviewer's printed name & signature)

\_\_\_\_\_  
(Date)

Robyn L Russell  
(Collection manager's signature)

7-07-05

Form revised on 1/24/02