

Oral History Gift and Release Agreement

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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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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.**

OSCAR ALBERT
(Narrator's printed name)

10-11-08
(Date)

PO BOX Northway 99764
(Narrator's printed mailing address)

Oscar Albert
(Narrator's signature)

Polly Hyslop
(Interviewer's printed name & signature)

10-11-08
(Date)

Polly Hyslop 778-2329
(Collection manager's signature)

Form revised on 1/24/02

Robyn L. Russell -05-06-09