

~~Log in # 1800~~

ORAL HISTORY

~~2017-17~~  
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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 have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

John D. Lyle

(Narrator's printed name)

NANCY E. FULLER  
PO Box 83715  
FAIRBANKS AK 99708

(Narrator's mailing address)

Nancy E. Fuller 5/28/14

John D. Lyle 10/31/13

(Narrator's signature & date)

Nancy E. Fuller 5/28/14

John D. Lyle 10/31/13

(Interviewer's signature & date)

Robert L. Russell 10/19/17

(Collection manager's signature & date)

Names of other institutions where copies of this recording (s) are deposited:

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