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

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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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I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions listed on the reverse side of this document.

GERT SEEKINS

(Narrator's printed name)

Gert Seekins 7/13/12

(Narrator's signature & date)

P.O. Box 53 Homer AK 99603

(Narrator's mailing address)

(Interviewer's signature & date)

(Collection manager's signature & date)

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