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ORAL HISTORY
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(907) 474-6773
FAX (907) 474-6365
fyapr@uaf.edu
www.library.uaf.edu

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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.

x Thomas C. Teasdale
(Narrator's printed name)

[Signature] Aug 5, 2014
(Narrator's signature & date)

x P.O. Box 429 Northway, AK 99764
(Narrator's mailing address)

[Signature] 8/5/2014
(Interviewer's signature & date)

[Signature]
(Collection manager's signature & date)
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Aug 5/2014.

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