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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, Wilson Justin, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

I also agree to hold the University of Alaska Fairbanks harmless 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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I have read and accept both the terms of the Oral History Gift and Release Agreement as well as the Interview Restrictions provided.

Wilson Justin  
(Narrator's printed name)

Wilson Justin 10/20/2014  
(Narrator's signature & date)  
[Cellarius]

P.O. Box 839, Slana, AK  
(Narrator's mailing address) 99586

Barbara Cellarius 10/20/2014  
(Interviewer's signature & date)

Robert L. Russell 10-21-14  
(Collection manager's signature & date)

Karen N. Brewster 10/20/2014  
[Karen Brewster]

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