



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

Elmer E. Rasmuson Library  
Alaska and Polar Regions Collections & Archives  
310 Tanana Loop Room 211, P.O. Box 756808, Fairbanks, Alaska 99775-6808

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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, BENJAMIN SHAIRE, 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.

BENJAMIN SHAIRE  
(Narrator's printed name)

[Signature] 9-2-2016  
(Narrator's signature & date)

825 V STREET, PO Box 10000, WAD  
99762  
(Narrator's mailing address)

[Signature] 9/2/16  
(Interviewer's signature & date)

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