



ORAL HISTORY
2013-14-31
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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, Mark Vail, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

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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.

Mark A Vail
(Narrator's printed name)

Mark Vail 9/4/2016
(Narrator's signature & date)

P.O. Box 1444 McCarthy Ak
(Narrator's mailing address) 99588

Ker N. Brewster 9/4/2016
(Interviewer's signature & date)

Robyn L. Russell 9/14/16
(Collection manager's signature & date)

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