



ORAL HISTORY  
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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.

Howard Knutson  
(Narrator's printed name)

Howard J. Knutson 9/7/16  
(Narrator's signature & date)

PO Box 91456, ANC 99509  
(Narrator's mailing address)

Karen N. Brewster 9/7/16  
(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: