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Oral History Gift and Release Agreement

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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, HERMAN AHSOAK, 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.

HERMAN AHSOAK
(Narrator's printed name)

02-24-2016
(Narrator's signature & date)

P.O. Box 498 BARROW ALASKA 99723
(Narrator's mailing address)

Herman Ahsoak 02-24-2016
(Interviewer's signature & date)

Melby L. Russell 2/29/16
(Collection manager's signature & date)

Karen A. Brewster 2/24/16

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