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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.

Virgil F. Naylor Sr
(Narrator's printed name)

Virgil F. Naylor Sr 3/30/2016
(Narrator's signature & date)

P.O. Box 274 Kotzebue, AK
(Narrator's mailing address) 99752

Karin Brewster Karin Brewster 3/30/16

Rebecca Rolph Rebecca Rolph 3/30/16
(Interviewer's signature & date)

Andy Makoney 3/30/2016

Morgan L. Russell 4-7-16
(Collection manager's signature & date)

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