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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.

Hajo Eicken
(Narrator's printed name)

Hajo Eicken 2/28/18
(Narrator's signature & date)

1ARC-UAF
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(Narrator's mailing address)

Karen N. Brewster 2/28/18
(Interviewer's signature & date)

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