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ORAL HISTORY
2013-26-20



(907) 273-6228
FAX (907) 277-4523
anch@pwsrcaac.org
www.pwsrcaac.org

**Rasmuson Library and Information Technology
Alaska and Polar Regions Collections**

Room 211 Elmer E. Rasmuson Library, P.O. Box 756808, Fairbanks, Alaska, 99775-6808

(907) 474-6773
FAX (907) 474-6365
fyapr@uaf.edu
www.uaf.edu/library

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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 listed on the reverse side of this document.

Riki Ott
(Narrator's printed name)

Riki Ott 3/27/14
(Narrator's signature & date)

P.O. Box 2195 Vashon WA 98070
(Narrator's mailing address)

(Interviewer's signature & date)

Polyn L. Russell
(Collection manager's signature & date)

Form revised on 8/01/08

5-16-14

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