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ORAL HISTORY

2014-02-14



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**Elmer E. Rasmuson Library
Alaska and Polar Regions Collections & Archives**

310 Tanana Loop Room 211, P.O. Box 756808, Fairbanks, Alaska 99775-6808

Oral History Gift and Release Agreement

Thank you for your generous contribution of knowledge to the Oral History Archives. We welcome the opportunity to have the audio recording made with John Covlasky on _____ . The Oral History Archives agrees to preserve your recording and make it available to the public.

In consideration of the role of the Archives in preserving and making your recording available, we ask you to agree to the following:

I, John Covlasky, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library any of my title, interest, and copyright, if any, to the recording.

I also agree to hold the University of Alaska Fairbanks harmless for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

- The Oral History Program makes recordings available to researchers, writers, scholars, students, and the interested public.
- The Library may make this recording electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
- While the Library only intends to make the recordings available for educational and/or non-commercial purposes, by signing this form I release the Library and the University from liability in cases where individuals who access a recording might violate these conditions.



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None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.

I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

John Covlasky
(Narrator's printed name)

X John Covlasky
(Narrator's signature & date)

476 W. Lakeview, Wasilla, AK 99654
(Narrator's mailing address)

(Interviewer's signature & date)

Robyn L. Russell 1-06-14
(Collection manager's signature & date)

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

I would like a copy of my interview
J.C.



ORAL HISTORY

2014-02-14

UNIVERSITY OF ALASKA FAIRBANKS

The Elmer E. Rasmuson Library
Fairbanks, Alaska 99775-1005

ORAL HISTORY

GIFT AND RELEASE AGREEMENT

I, John T. Covlasky, of _____
name

450 Island St.
street or P.O. box number

Wasilla AK 99654
city state zip

transfer to the University of Alaska Rasmuson Library my title, interest, and
copyright to the interviews recorded with me on 5/1/99, 19____.
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According to its policies, Rasmuson Library makes oral history recordings
available to researchers, writers, scholars, and the interested public.

John T. Covlasky
signature

5/1/1999
date