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

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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.

DAVID S WILSON  
(Narrator's printed name)

[Signature]  
(Narrator's signature & date)

Box 92097  
Anchorage 99505  
(Narrator's mailing address)

[Signature] 5/1/2014  
(Interviewer's signature & date)

[Signature] 6-12-14  
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