

1658
APR Accession #:
2014-0125

ORAL HISTORY
2014-16-01 PT. 1-2



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

**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/video recording made with Walter & Gail Phillips on Aug 26/14. 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:

We Walter & Gail Phillips, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library 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.





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

Elmer E. Rasmuson Library
Alaska and Polar Regions Collections & Archives
310 Tanana Loop Room 211, P.O. Box 756808, Fairbanks, Alaska 99775-6808

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.

WALTER J. PHILLIPS
RAMONA GAIL PHILLIPS
(Narrator's printed name)

[Signature]
Gail Phillips 8-26-14
(Narrator's signature & date)

1231 W. Northern Lights Blvd.
(Narrator's mailing address)
#906 Anchorage, AK 99503

[Signature] Aug. 26/14
(Interviewer's signature & date)

[Signature] 8/29/14
(Collection manager's signature & date)

[Signature] 8/26/14
[Signature] 8.26.14
[Modrow]

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