

Login #: 1660
APR Accession #:
2014-0127

ORAL HISTORY
2014-18-08
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(907) 474-6773
FAX (907) 474-6365
fyapr@uaf.edu
www.library.uaf.edu

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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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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.

Ella "Ruth" Rice
(Narrator's printed name)
10412 Maple Springs Cove
Fort Wayne IN 46845
(Narrator's mailing address)

Ella Ruth Rice 9/5/14
(Narrator's signature & date)

Karen A Brewster 9/5/14
(Interviewer's signature & date)

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

Hedie McPartney Sept 8/14

9-11-14
Ph: 260-637-4025

E-mail: hpricc1@comcast.net

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