

Login #: 1660

APR Accession #:

2014-0127

ORAL HISTORY

2014-18-10 PT.

1-3



(907) 474-6773

FAX (907) 474-6365

[fyapr@uaf.edu](mailto:fyapr@uaf.edu)

[www.library.uaf.edu](http://www.library.uaf.edu)

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

310 Tanana Loop, Room 211, P.O. Box 755808, 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 Bob Bishop on 9/9/14. 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:

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

I also agree 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.

B013, B15140P  
(Narrator's printed name)

[Signature] 9-9-14  
(Narrator's signature & date)

179 LORTON ST  
(Narrator's mailing address)  
BURLINGAME CA 94010

[Signature] 9/9/14  
(Interviewer's signature & date)

[Signature]  
(Collection manager's signature & date)  
9-11-14

[Signature] Sept. 10/11

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

\_\_\_\_\_