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

Jennifer Raffaelli
(Narrator's printed name)

Jen Raffaelli 4/27/2015
(Narrator's signature & date)

PO Box 9 Denali AK 99755
(Narrator's mailing address)

[William Schneider]

William Schneider 4/27/2015
(Interviewer's signature & date)

Jayne Dittmar
Jayne Dittmar
4/27/2015

Alyson L. Russell 5-05-15
(Collection manager's signature & date)

Karen M. Brewster 4/27/2015
[Karen Brewster]

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