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ORAL HISTORY
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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:

I, **Peter Michalski**, transfer to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright to the recording.

I also agree not to hold the University of Alaska Fairbanks liable for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

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- The Library may make this recording electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
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Please be assured that we will do all that we can to inform users of these conditions and thereby minimize the potential for misuse. **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 listed on the reverse side of this document.

PETER A. MICHALSKI
(Narrator's printed name)

Peter A. Michalski 11/15/16
(Narrator's signature & date)

921 W. 14th AVENUE, ANCHORAGE, AK 99501
(Narrator's mailing address)

(Interviewer's signature & date)

Moby L. Russell 11/13/17
(Collection manager's signature & date)

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

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