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Register: 2015-177

ORAL HISTORY

2015-37



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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.

Susan Grace
(Narrator's printed name)

Susan Grace 10/20/15
(Narrator's signature & date)

P.O. Box 82832
(Narrator's mailing address)
FBKS AK 99708

Heslie Mcbartney Oct 20/15
(Interviewer's signature & date)

Robyn L. Russell 10/21/15
(Collection manager's signature & date)

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