

ORAL HISTORY
2016-18-06



(907) 474-6773
FAX (907) 474-6365
fyapr@uaf.edu
www.uaf.edu/library

**Rasmuson Library and Information Technology
Alaska and Polar Regions Collections**

Room 211 Elmer E. Rasmuson Library, P.O. Box 756808, 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 **Brooke Marston** on **June 29th, 2013**. 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, **Brooke Marston**, 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:

- 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
library@uaf.edu
www.uaf.edu/library

**Rasmuson Library and Information Technology
Alaska and Polar Regions Collections**

Room 211 Elmer E. Rasmuson Library, P.O. Box 756808, Fairbanks, Alaska, 99775-6808

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.

Brooke Marston
(Narrator's printed name)

Brooke Marston 8-23-13
(Narrator's signature & date)

~~2025~~²⁰⁰⁷ Turnagain Parkway
Anchorage, AK 99517
(Narrator's mailing address)

[Signature] 8/23/13
(Interviewer's signature & date)
[Mike Durham]

[Signature]
(Collection manager's signature & date)
1-17-17

Form revised on 8/01/08

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