

ORAL HISTORY
2016-18-09



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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 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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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.

Arliss Sturgulewski
(Narrator's printed name)

Arliss Sturgulewski 8/29/13
(Narrator's signature & date)

3201 C Street, Suite 405
Anchorage, AK 99503
(Narrator's mailing address)

Mike Dunham 8/29/13
(Interviewer's signature & date)
[Mike Dunham]

Nobly L. Russell
(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: