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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.

Becky Saleeby  
(Narrator's printed name)  
511 Fieldstone Dr.

Bozeman, MT 59715  
(Narrator's mailing address)

Becky Saleeby 5/4/19  
(Narrator's signature & date)

Alan A. Brewster 5/4/19  
(Interviewer's signature & date)

Robert L. Russell 5/23/19  
(Collection manager's signature & date)

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