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ORAL HISTORY

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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.

Doreen C. Cooper
(Narrator's printed name)

Doreen Cooper 9/9/19
(Narrator's signature & date)

PO Box 594 Skagway 99840
(Narrator's mailing address)

Karen Brewster 9/9/19
(Interviewer's signature & date)

Robyn L. Russell 9/11/19
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Names of other institutions where copies of this recording(s) are deposited: