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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:

I, Virginia Long, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

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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.

VIRGINIA LONG  
(Narrator's printed name)

Virginia Long 10/8/18  
(Narrator's signature & date)

PO Box 617  
SKAGWAY, AK 99840  
(Narrator's mailing address)

Karen Brewster Karen Brewster  
(Interviewer's signature & date) 10/8/18

Robyn L. Russell 10/30/18  
(Collection manager's signature & date)

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