

ORAL HISTORY
2017-07-05



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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, *JUDITH A. HARRISON* transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

I also agree to hold the University of Alaska Fairbanks harmless 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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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 provided.

JUDITH A HARRISON
(Narrator's printed name)

Judith A Harrison 4/5/17
(Narrator's signature & date)

945 McGOOWN ST - 2B
(Narrator's mailing address) FAIRBANKS, AK

Ruth E. Storch 4/24/17
(Interviewer's signature & date)

Robyn L. Russell 6-22-17
(Collection manager's signature & date)

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