

1808

APR Accession Register: 2017-165

ORAL HISTORY
2017-07-23



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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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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.

Joanne Klaver
(Narrator's printed name)

Joanne Klaver
(Narrator's signature & date)

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Sharon Stoy Dec. 13, 2017
(Interviewer's signature & date)

Robyn L. Russell 12/19/17
(Collection manager's signature & date)

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