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(907) 474-6773
FAX (907) 474-6365
fvapr@uaf.edu
www.library.uaf.edu

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Oral History Gift and Release Agreement

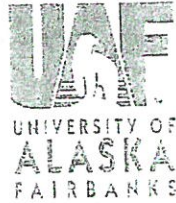
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I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

Hope Helms
(Narrator's printed name)

Hope Helms
(Narrator's signature & date)

1226 Cowles St. Apt 1E
Fairbanks, AK 99701
(Narrator's mailing address)

Monica L. Howard
(Interviewer's signature & date)

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