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ORAL HISTORY

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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, Sally Gallagher, 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.

Sally R. Gallagher
(Narrator's printed name)

Sally R. Gallagher 2/9/18
(Narrator's signature & date)

P.O. Box 83 Kotzebue, AK. 99752
(Narrator's mailing address)

[Signature] 02-09-18 (Siikauraq (Martha) Whiting)
(Interviewer's signature & date)

[Signature] 2/21/18
(Collection manager's signature & date)

[Signature] 2/9/18 (Karen Brewster)

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