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

Joanne Beierly
(Narrator's printed name)

Joanne Beierly 10/5/2018
(Narrator's signature & date)

PO Box 164
(Narrator's mailing address)
Skagway, AK 99840

Karen Brewster
(Interviewer's signature & date)
10/5/18

Moby D. Russell 11/06/18
(Collection manager's signature & date)

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