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ORAL HISTORY

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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.

Susan Fredricks
(Narrator's printed name)

Susan Fredricks Oct. 6, 2018
(Narrator's signature & date)

P.O. Box 272 Skagway, AK
99840
(Narrator's mailing address)

Karen Brewster 10/6/18
(Interviewer's signature & date)

Robyn L. Russell 11/06/18
(Collection manager's signature & date)

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