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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:

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

Adeline Louise Pitts
(Narrator's printed name)

Adeline Louise Pitts
(Narrator's signature & date) 3/17/25

P O Box 137 Eagle AK
(Narrator's mailing address) 99738

~~Adeline Louise~~
(Interviewer's signature & date)

Robyn L. Russell 3/25/25
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