

ORAL HISTORY  
2021-04-05



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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.

Lee E Poleske  
(Narrator's printed name)

[Signature] 11/3/2021  
(Narrator's signature & date)

Po Box 871 Scitard  
(Narrator's mailing address)  
AK 99664

[Signature] 11/3/2021  
(Interviewer's signature & date)

[Signature] 3-06-23  
(Collection manager's signature & date)

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