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ORAL HISTORY  
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(907) 474-6773  
FAX (907) 474-6365  
fyapr@uaf.edu  
www.library.uaf.edu

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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, MIKE ZAIDLICZ, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

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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.

MIKE ZAIDLICZ  
(Narrator's printed name)

Mike Zaidlicz 9/11/2024  
(Narrator's signature & date)

11925 N. STINSON DR.  
HAYDEN, ID 83835  
(Narrator's mailing address)

Karen N. Brewster 10/11/2024  
(Interviewer's signature & date)

Robert L. Russell 10-03-24  
(Collection manager's signature & date)

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