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ORAL HISTORY

GIFT AND RELEASE AGREEMENT

I, Isa Sovalik of _____
name

455 3rd Ave.
street or P.O. box number

Fairbanks AK 99701
city state zip

transfer to the University of Alaska Rasmuson Library my title, interest, and
copyright to the interviews recorded with ~~me~~ ^{my late husband, Pete Sovalik} on _____, 19 10/31/69, 3/65, and
month/day yr. no date.
According to its policies, Rasmuson Library makes oral history recordings
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Isa T. Sovalik
signature

3-16-99
date

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SEPARATION RECORD

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OTHER: Oral History Program:

Three reel-to-reel audiotapes and copies of tape transcripts of Pete Sovalik and Joe Sikvayugak.

Processed by: Margaret A. Asbury

Date: November 10, 1997