

KODIAK ORAL HISTORY PROJECT
P. O. Box 201
Kodiak, Alaska 99615
(907) 486-4205

I hereby give and grant to the Kodiak Oral History Project my tape recorded memoir as a donation for such scholarly and educational purposes as the director of the project, Dr. Gary Stevens, shall determine. Copies of this tape recording and/or the written transcript, will be deposited at the University of Alaska Oral History Archives in Fairbanks; and at Kodiak College. It is expressly understood that the full literary rights of this memoir pass to the Kodiak Oral History Project.




Signature of narrator



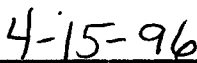
Address of narrator



Signature of interviewer



Address of interviewer



Date of agreement