


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

1619 Arch St. Kodiak, AK 99615
 Address of narrator


 Signature of interviewer

200-B ALBATROSS AVE.
 Address of interviewer
 KODIAK, AK 99615

December 1, 1992
 Date of agreement