

**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

659 AUR WAF - Kodiak

\_\_\_\_\_  
 Address of narrator



\_\_\_\_\_  
 Signature of interviewer

720 BROWN ST - Kodiak

\_\_\_\_\_  
 Address of interviewer

4/11/95  
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 Date of agreement