

981
H99-35-04

ORAL HISTORY
RELEASE AGREEMENT

I, Elekonida Kashevarof, of
Name

P.O. Box 961 St. George
Street or PO Box Number

Island, ALASKA, 99591,
City State Zip

transfer to the University of Alaska Rasmuson Library, the Tribal Government of St. Paul Island,
the St. George Island Traditional Council and the University of Alaska Museum my title,

interest, and copyright to the interviews recorded with me on _____, 19____.
Month Year

According to its policies, Rasmuson Library makes oral history recordings available to

researchers, writers, scholars, and the interested public. The recordings sent to the Tribal

Government of St. Paul and the St. George Traditional Council will be for the use of those

institutions and the Islanders. The transcripts sent to the University of Alaska Museum will

supplement the accession files on their collection of Henry W. Elliott watercolors.

Consent

I have read and understand the above information. I have received a copy of this form and of the
Informed Consent Statement. I agree to the above terms and to participate in this study.

Subject's Signature Elekonida Kashevarof Date Aug 30 1999

Investigator's Signature Diwa Morris Date 8/30/99