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ORAL HISTORY
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(907) 474-6773
FAX (907) 474-6365
fyapr@uaf.edu
www.library.uaf.edu

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In consideration of the role of the Archives in preserving and making your recording available, we ask you to agree to the following:

I, Lois Yrbka, transfer and convey to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright, if any, to the recording.

I also agree to hold the University of Alaska Fairbanks harmless for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

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I have read and accept both the terms of the Oral History Gift and Release agreement as well as the Interview Restrictions provided.

Lois Vrbka
(Narrator's printed name)

Lois J. Vrbka
(Narrator's signature & date)

8/31/2017

945 McGowan St., Apt 1A
Fairbanks, AK 9970
(Narrator's mailing address)

Nona Howard
(Interviewer's signature & date)

Myra L. Russell 9/18/17
(Collection manager's signature & date)

Names of other institutions where copies of this recording (s) are deposited:
