

H86-93-02/03, H90-06-212/218

**Oral History Gift and Release Agreement**

Thank you for your generous contribution of knowledge to the Oral History Archives. We welcome the opportunity to have the audio recording made with you on **1/85 and 11/88**. The Oral History Archives agrees to preserve your recording and make it available to the public.

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

I, **Bill Trefon, Sr., for Albert Wassilie**, transfer to the University of Alaska Fairbanks' Rasmuson Library my title, interest, and copyright to the recording.

I also agree not to hold the University of Alaska Fairbanks liable for how it makes the recordings available and how it preserves them. I further acknowledge that I have been informed of the following:

- The Oral History Program makes recordings available to researchers, writers, scholars, students, and the interested public.
- The Library may make this recording electronically accessible via local area networks, the Internet, or other electronic means for access and preservation purposes.
- While the Library only intends to make the recordings available for educational and/or non-commercial purposes, by signing this form I release the Library and the University from liability in cases where individuals who access a recording might violate these conditions.

Please be assured that we will do all that we can to inform users of these conditions and thereby minimize the potential for misuse. **None of the above mentioned conditions restricts you from re-telling and/or recording again any of the information you gave on this recording.**

Bill Trefon Sr.

(Narrator's printed name)

11/01/03

(Date)

P.O. Box 46  
Nondaton, AK. 99640

(Narrator's printed mailing address)

Bill Trefon Sr.

(Narrator's signature)

\_\_\_\_\_  
(Interviewer's printed name & signature)

\_\_\_\_\_  
(Date)

Robin L. Russell  
(Collection manager's signature)

11-12-04

Form revised on 1/24/02

H86-93-04/05, H98-27-28

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Bill Trefon Sr.

(Narrator's printed name)

P.O. Box 46

Nome & Itroa, AK. 99640

(Narrator's printed mailing address)

11/01/03

(Date)

Bill Trefon Sr.

(Narrator's signature)

\_\_\_\_\_  
(Interviewer's printed name & signature)

\_\_\_\_\_  
(Date)

Robert L. Russell 11-12-04

(Collection manager's signature)

Form revised on 1/24/02