

Oral History Gift and Release Agreement

I, Herb Kammun (name), of <sup>Box</sup> ~~20~~ 872183 Wasilla 99687  
(mailing address), transfer to the University of Alaska Fairbanks Rasmuson Library  
my title, interest, and copyright to the audio/video recordings conducted on  
Oct. 4, 2000 (month/day/year).

I understand that the Rasmuson Library makes oral history recordings available to  
researchers, writers, scholars, students and the interested public. I agree that the  
Rasmuson Library may make these recordings electronically accessible via local area  
networks or the Internet for circulation and preservation purposes. I agree not to hold the  
University of Alaska Fairbanks liable for unauthorized use of these recordings by third  
parties. This release does not restrict the undersigned from retelling their stories to others  
or otherwise reusing the verbal information they have shared with the UAF Oral History  
Program.

Herb Kammun  
(signature of narrator)

Oct 4/00  
(date)

\_\_\_\_\_  
(signature of interviewer)

\_\_\_\_\_  
(date)  
Robyn L. Russell 10-04-2000  
(signature of collection manager)

\_\_\_\_\_  
(date)

Notes on use (Optional. Please see attached form):

