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Oral History Gift and Release Agreement

I, Julian Rivers (name), of P.O. Box 143333, Anchorage, AK. 99514
(mailing address), transfer to the **University of Alaska Fairbanks Rasmuson Library**
my title, interest, and copyright to the audio/video recordings conducted ~~on~~ with my father,
Ralph Rivers
(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.

Julian Rivers
(signature of narrator)

07-21-00
(date)

(signature of interviewer)

(date)

Robyn L. Russell
(signature of collection manager)

7-21-00
(date)

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