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Oral History Program
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Signature of NARRATOR: _____ Year of Birth _____

Name of NARRATOR (PRINT **full name**): _____

Address of narrator—**include city and zip**: _____

Telephone: _____ E-mail: _____

Date: _____

Notes or restrictions:

• Signature of INTERVIEWER: _____

INTERVIEWER'S Name (PRINT): _____ Date: _____

• Signature of PROGRAM MANAGER (on behalf of the Maria Rogers Oral History Program):

_____ Date: _____

• OH # _____ (to be filled in by Program Manager)

• The Oral History Program will provide a complimentary copy of the interview to each narrator.

THE MARIA ROGERS ORAL HISTORY PROGRAM
collects, archives, and makes available to the public oral histories about all aspects of life in Boulder County.

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