

Written Release Form

Full Name of Person Interviewed

(print): Lewi Malekos

Address: 1744 Dean St

Phone: (707) 613 7535

Place of
Interview: home - Eureka

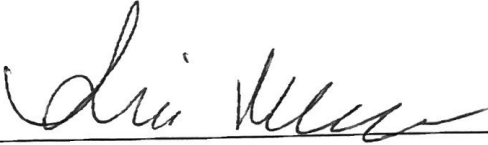
Name of Interviewer & Institution

(print): ~~Zach~~ Zach Rykhal - HSU

Date of Interview: 11/30/21

I understand that this interview and any photographs, tape recording, or video recording are part of scholarly research by the individual and institution named above. I give permission for the following (check all that apply):

- ☒ May be used for educational and research purposes at the above institution
- ☒ May include my name
- ☒ May be included in a school publication or exhibit
- ☒ May be included in another educational, nonprofit publication or exhibit
- ☒ May be used but DO NOT include my name
- ☒ May be deposited in a local, state or regional archive
- ☐ Other (explain)


Signature of Interviewee

11/30/21
Date

Signature of Parent or Guardian if
Interviewee Is a Minor

Date