

Written Release Form

Full Name of Person Interviewed

(print): Kevin Rybick

Address: 905 Buyme St, Eureka CA 95501

Phone: (707) 590-4225

Place of
Interview: Home

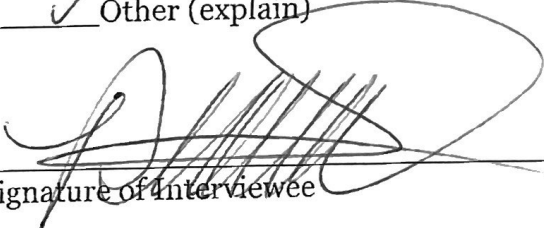
Name of Interviewer & Institution

(print): ZACHARY Kevin Rybick

Date of Interview: 4/23/21

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
- ☒ ~~no~~ 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)

 4/23/21
Signature of Interviewee Date

Signature of Parent or Guardian if
Interviewee Is a Minor

Date