

Written Release Form

Full Name of Person Interviewed

(print): Patty W Kubala

Address: 3117 K St Eureka CA 95503

Phone: 707 496-4543

Place of Interview: Home

Name of Interviewer & Institution (print): _____

Date of Interview: 4-18-2021

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)

Patty W Kubala
Signature of Interviewee

4-18-2021
Date

Signature of Parent or Guardian if Interviewee Is a Minor

Date