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Oral History Agreement

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I give my consent for AUC to make my interview recording and transcript available to users, including internet users. I understand that the interview recording and transcript will be stored and made accessible through the library’s online digital platforms, and deposited with the AUC Library for public listening, viewing, and reading.

Signed:

Interviewee Signature: ___________________________ Date: 15/5/17

Name (Please Print): ___________________________

Date of Birth: 7/5/1942 Place of Birth: Cairo

Address: ___________________________

Email and Telephone: ___________________________

Interviewer Signature: ___________________________ Date: 15th of May 2017

Name (Please Print): ___________________________