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Oral History Release Form

I, the undersigned, understand and hereby agree to abide by all the restrictions which may be placed on the use of oral history transcripts and/or tapes on deposit at the Dwight D. Eisenhower Library. Copies of said restrictions are available for me to read in the research room of the Eisenhower Library and as attachments to the transcripts of the oral history interviews.

I further understand that any liability which is created by my publishing, or citing in any manuscript intended for publication, of restricted material will be solely mine. Where the restriction requires the written permission of the person interviewed, that also is my responsibility and will have to be accomplished on my own initiative.

Signed

Date