

ORAL HISTORY RELEASE FORM

I hereby give and grant to the BUTTE HISTORICAL SOCIETY as a donation for such scholarly and educational purposes as the Society shall determine, all rights, including copyrights, to my tape-recorded memoirs, except for such restrictions specified below.

Restrictions:

5-20-87 Date of Agreement Marian Cawaran Narrator

230 S. Woshington # 407 Address

BuHe, MT 59701 City, State, Zip

Interviewer

Butte Historical Society P.O. Box 3913

Butte, MT 59701

Accession Date

Archivist/