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	INTERVIEW TITLE ("Reminiscences of...", "Oral history interview with...")	COLLECTION NAME (or not applicable)	INTERVIEW YEAR	COMPLETED
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STAFF USE ONLY: Payment taken by (initials): _____ Date: _____
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Action after payment:

- Please place form in Oral History Scans folder near copier for processing.
- Please place form in David or Kimberly's mailbox as indicated by staff approval initials.