



Special Collections & Archives
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ACCEPTED and AGREED

(Note: Whether you electronically type your name in the signature space below or print this form and sign by hand, you are appending your signature to this document and agreeing to the above conditions.)

Participant Signature Garrett DeBry Date Nov. 28, 2017

Printed Name of Participant Garrett DeBry

Parent/Guardian Signature (if participant is a minor) _____ Date _____

Printed Name of Parent/Guardian _____

Interviewer Signature Elise Teichert Date Nov. 28, 2017

Printed Name of Interviewer Elise Teichert

Participant Address 3326 W Cortland St #2

City Chicago State IL Postal Code 60647

Participant Telephone (435) 609-0718 E-mail gldebry@gmail.com

Restrictions: _____
