

EPA Alumní Association

628 Chester River Beach Road Grasonville, MD 21638 www.EPAalumni.org

(Date)

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(Signature)

Signature)

(Title)

EPA Alumni Association

SIGNER DOROTHY A. CANTER

Participant Deed of Gift

THE EPA ALUMNI ASSOCIATION History Program

The History Program of the EPA Alumni Association (EPA AA) aims to preserve the history of the U.S. Environmental Protection Agency (EPA), including specific decisions and events, through the recollections of those who have participated in these programs, decisions and events and their subsequent study or research. EPA AA's mission in this regard is to ensure that current and future generations of scholars, researchers, EPA employees, and interested members of the public are able to understand these programs, decisions, and events from the perspectives of the women and men intimately involved in them.

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Risks, Benefits, and Costs

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(Signature) DC2 (Street Address) A MAPLEWOOD PARK COURT
Participant's Name

(Printed Name) OKUTIV A. CANTACity, State, Zip) BETHESTA MD 20814

(Date) 06/13/2015 (Telephone/Email) dorothy @ dorothy canterconsulty

Signer: Matt Gellen

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Risks, Benefits, and Costs

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(Telephone/Email)

301-229-7384

| (Signature) Matt Cellin Participant's Name | (Street Address) 5313 TUS CARAWAS RD |
|--|--|
| (Printed Name) MATT GILLEN | (City, State, Zip) BETHESDA, MD 208/6 |
| (Date) 6 20 (5 | (Telephone/Home) M7GILLENG VERIZON NET |

Signer: Robert H. Helvers

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Risks, Benefits, and Costs

Neither I nor the EPA AA will receive any direct financial benefit from my participation. I understand that there is no cost to participate in this interview, and I will not be paid for my time. However, I am fully aware that third parties might somehow benefit from the knowledge I provide. I further understand that participation in this program provides no protection from allegations by third parties of defamation or similar damages nor are the products of my participation protected from subpoena in any court proceedings.

Page Info

Signer: Rhat H. He Wesson

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| (Signature) Participant's Name | (Street Address) 12 Harver 2 Rd |
|------------------------------------|---------------------------------------|
| (Printed Name) Robert H. Helversio | (City, State, Zip) Howatown, PA 19083 |
| (Date) 6.23.15 | (Telephone/Email) 6/6 888 9452 |

Signer: Kerilleyn

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Risks, Benefits, and Costs

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(Signature) Participant's Name

(Printed Name) KEVIN IEYM

(Date) 6/24/15

(Street Address) 1085 Wood Lane

(City, State, Zip) West Chester PA 19382

(Telephone/Email) (201) 238-7117 Kev. n. hoymaphs. pen edu

Signer: JACK Kelly

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Risks, Benefits, and Costs

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| Signer: | KELLY | |
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| (Signature)_ | Jack | Keller |
|--------------|------------|----------|
| | Participan | i's Name |

(Printed Name) TACK Kelly (AKA JOHN E)

(Date) 7/5/15

(Street Address) 315 West Mt. VERNON AVE

(City, State, Zip) Haddon Acld, NJ 08033

(Telephone/Email) 215-514-6792 Kelly Tack & epa. gov Signer: Carlow Kennyt

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| Signer: Richard | Rupert |
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| (Signature) Ainas Suport. Participant's Name | (Street Address) 437 Stella Drive |
|---|--------------------------------------|
| (Printed Name) Richard Rupert | (City,State,Zip)Hockessin, DE 19707 |
| (Date)_August 1, 2015 | (Telephone/Email)_richrupert@aol.com |

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| (Signature) AC Participant's Name | (Street Address) (658 Am | h St |
| (Printed Name) Muysta Conce | (City, State, Zip) Phile | P4 1910 = |

(City, State, Zip) Phile

(Date)

6-23-15

(Telephone/Email) Towle Michael & epayor

Signer: THOME C. VOLTAGED

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THE EPA ALUMNI ASSOCIATION History Program

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I the undersigned have agreed to participate in this EPA AA History Program as a contributor, either as an interviewer, an interviewee, or by means of my own research and/or writing or other communication. I understand that in order for the Association to make these products of my participation available freely to the research community and to the public, it is necessary for me to convey my copyright to the Association. I also understand that this document is intended to inform me in totality of what I am being asked to do and of my rights, that I should read it carefully, and that if I have any questions regarding its terms and conditions, I should ask any questions I might have before signing it. Questions can be directed to Charles Elkins, Executive Director of the EPA Alumni Association or his representative, 628 Chester River Beach Road, Grasonville, MD 21638 (Telephone 202-686-3518; Email: EPAalumni@aol.com)

Deed of Gift

I, the undersigned, do herein permanently donate, convey and transfer to the EPA Alumni Association the products of my participation in the Association's history program (including interview(s), original written material, or other contributions which I have created or own). In making this gift of legal title and all literary property rights, I understand that I am conveying all right, title, and interest in copyright to the Association. In return, the Association grants me and my heirs a nonexclusive license to use these same products in whatever way I see fit. I also agree that my name, voice and/or likeness may be used to promote the history program of the EPA AA.

I further understand that I will have the opportunity to review and edit any interview in which I participate before it is made available for general distribution. I understand that my products are intended to be made part of EPA AA's collections and to be made available worldwide without restriction either in their original form and/or in derivative works, public performances and displays for use by the research community as well as the general public. Future uses may include quotation and publication or broadcast in any current or future media, including the internet. I understand that the EPA AA will place these products in the public domain and will not attempt to limit or restrict the use of the products of my participation, including in derivative works or even in commercial products (e.g. in a book that is sold rather than given away free).

Risks, Benefits, and Costs

Signer: THOMKS C. VOLAKGIO

Participant Deed of Gift

THE EPA ALUMNI ASSOCIATION History Program

My Rights and Obligations

My participation in this program is completely voluntary, and I am free to cease all participation in this program at any time. I understand that I have the right not to answer any questions asked of me during any interview. I agree that if I should die or become incapacitated before I have responded to any review requested of me of the products of my participation, my legal representative shall be given the opportunity to listen/view the products, and may ask that portions be removed. If my legal representative does not respond within two (2) months, I grant permission for EPA AA to complete the processing of these products and make them available in accordance with the EPA AA's History Program's normal practices.

Agreement

I have read the information contained in this document. I hereby voluntarily consent to participate in this history program under these terms and conditions.

(Signature) Man (Street Address) 1529 CHALLT DLIVE

Participant's Name

(Printed Name) THOMS C. VERHED (City, State, Zip) CHERRY HILL, N.) STOOS

(Date) 6/15/15 (Telephone/Email) TOMB VENTAGGIO. NET

Signer: XIn Wany

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Risks, Benefits, and Costs

Signer: XTn way

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| (Signature) Y = V = Participant's Name | (Street Address) 123 S 39th St Apt Bb |
|--|--|
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