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Oral History Agreement

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(name, *please print*) agree to give to the American University in Cairo
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recording and transcript will be stored and made accessible through the
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Signed:

Interviewee Signature: _____ Hossam Wahdan _____ **Date:**

_____ Hossam Wahdan_ **Name (*Please Print*):**

_____ Sept.13 _____ **Date of Birth:**

_____ **Place of Birth:** _Cairo, Egypt_____

Address: _____ Beverly Hills, sheikh

Zayed _____ **Email and Telephone:**

_____ 0101870885 _____

Interviewer Signature: _____ Mounir El Ghannam _____

Date: Nov 2 2020 _____ **Name (*Please Print*):**
_____ Mounir El Ghannam _____