



University
of Victoria
Continuing
Studies

Learning that shapes
who you are.

**Cultural Resource
Management Program**
Division of Continuing Studies
Continuing Studies Building

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Date: February 14, 2014

To (NAME):

FROM: Bobbiee Copeland, Program Coordinator, 250-721-8426

RE: Participant List for LING 159 Indigenous Language I

For each of the courses offered by the Certificate Program in Aboriginal Language Revitalization, we produce a class list for participants and instructors in the course. Under the Freedom of Information and Protection of Privacy Act, we must seek your approval to include your personal information on this list.

Mailing address:

Telephone:

E-mail:

Indigenous Community and/or language groups:

I have confirmed the information that I would like to share by noting changes above.
By signing below, I approve including my personal information on the participant list.



Signature

Photo Authorization

During the course, we may take photos of the group. We would like to use these photos, some of which may contain your image, on our web site, brochures, or other promotional and communications materials, with your permission. No personal or contact information will be included.

By signing below, I approve the use of photos containing my image for the promotional and communication purposes of the Certificate Program in Aboriginal Language Revitalization.



Signature

Social Media Authorization

Occasionally we may post images taken during courses and fieldtrips on our social media sites. We would like to use these photos, some of which may contain your image on our social media sites. No personal or contact information will be included.

By signing below, I approve the use of photos containing my image on the social media sites of the Certificate Program in Aboriginal Language Revitalization.



Signature

Periodic email update list



By signing below, I have indicated that I would like to be added to the Certificate Program in Aboriginal Language Revitalization email update list and to receive periodic announcements.

Preferred Email: _____

Signature

**If you are currently enrolled in the list but would like to unsubscribe, please unsubscribe by notifying crmclerk@uvic.ca or calr@uvic.ca*