## Put your name here. If you want to remain anonymous, just use anonymous.

## Years at VIU here; example – 2014-2018. If still a student use the 2018-present format.

## Faculty/program/degree type info here.

Quote that sums up your SRCA experience at VIU. If you do not have a quote you like, just leave this blank.

Put your story here. It can be ANYTHING, but I am looking for stories about your experiences with scholarship, research, and creative activity at VIU. I will combine all the stories into a book to share with the team that is gathering info to inform VIU’s strategic planning process.

Your story should highlight an experience that made a positive difference. Include the ingredients that made it possible. Questions to consider include:

* Where did it happen?
* What were the circumstances?
* Who was involved?
* Why was it impactful?

There is no minimum or maximum length, just make sure it provides enough details so your reader understands the experience and its impact.

Often we like to share your words publically – people love stories! If you are ok with us sharing your story, please fill out, cut and paste the waiver and release form on the next page and send it in the body of the email that also has your story as an attachment. You can send your story as a doc or a pdf.

Email everything to Kendra.Stiwich@viu.ca.

THANKS SO MUCH!

**Waiver and Release Form - Email version**

By sending this email, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant Vancouver Island University and the Vancouver Island University Initiatives Trust:

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* The permission to identify me by name, program and such identifiers as class year, graduation date and hometown (if applicable)

I hereby realize and accept that I am participating on a voluntary basis and will not receive financial compensation from the photographer/videographer/interviewer, from Vancouver Island University, the Vancouver Island University Initiatives Trust or any firm publishing and/or distributing the finished product.

By sending this email, I understand and agree to this release.

(Children under 18 years old must have a parent or legal guardian send this waiver on their behalf. Are you sending this waiver as a parent or legal guardian? If yes, please indicate the name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Respecting your privacy**

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