



Stó:lō Research & Resource Management Centre

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Phone: 604-824-2420

Genealogical Consent Form
Stó:lō Research and Resource Management Centre

I/We _____ and _____ give our consent to the Stó:lō Research and Resource Management Centre to use All or any part of our interview and supplementary materials in any format for scholarly, educational, or community awareness purposes. We give copyright to the Stó:lō Research and Resource Management Centre.

We further understand that the information will be deposited in the Stó:lō Family Tree database. Information from the Stó:lō Family Tree database may be used in publications, documents, and/or on the internet.

We release SRRMC from all claims arising out of, or in connection with the use of our information. We understand that the SRRMC cannot be held liable for the use of information by third parties who may extract portions of our words for their own creative work.

The purpose of the interview is to document the interviewee's family knowledge. Our participation is entirely voluntary.

Interview date(s) _____



PLEASE PRINT

Interviewee	Interviewer
Name _____	_____
Address _____	_____
_____	_____
Phone/Email _____	_____
_____	_____
_____	_____
Signature _____	_____
Date _____	_____