

Consent for Release of Information

I, _____, give my consent for the Dean (or designate) of the

RPN to BScN (Blended Delivery) Applicants with Previous BScN Studies

(First and Last Name)		
(Name of university or college attended for previous BScN stud	School of Nursing to release to the Director	of the Nipissing University School of Nursing
and/or the Program Manager, RPN to BScN E	Blended Delivery Program the following information:	
 Copies of all clinical evaluations Any issues regarding misconduct Any issues that may have arisen th 	nat would be relevant to safe practice in a clinical setting	
By providing my consent, I understand that a application to the RPN to BScN (Blended Deli	ny information obtained through this release of information very) program at Nipissing University.	may influence any decision regarding my
Print Name	Signoture	Date
Witness Name	Signature	Date

Protection of Privacy

Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992.
Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its offairs".

This document should be submitted along with your petition to <u>petitions@nipssingu.ca</u>. Your petition should be submitted in enough time for a decision to be made by the Academic Awards, Appeals and Petitions Committee prior to the application deadline for the intake you are applying to.

Additional information regarding submitting your petition can be found on the Academic Petitions website.

Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.