Consent for Release of Information

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

I, ____________________________, give my consent for the Dean (or designate) of the
(First and Last Name)
________________________________________________________School of Nursing to release to the Director of the Nipissing University School of Nursing
(Name of university or college attended for previous BScN studies)

and/or the Program Manager, RPN to BScN Blended Delivery Program the following information:

• Copies of all clinical evaluations
• Any issues regarding misconduct
• Any issues that may have arisen that would be relevant to safe practice in a clinical setting

By providing my consent, I understand that any information obtained through this release of information may influence any decision regarding my application to the RPN to BScN (Blended Delivery) program at Nipissing University.

_________________________________________  ___________________________  ___________________________
Print Name                                                 Signature                                         Date

_________________________________________  ___________________________  ___________________________
Witness Name                                                Signature                                         Date

This document should be submitted along with your petition to petitions@nipissingu.ca. 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.

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 affairs”.

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.

Revised November 2020