School of Nursing

CONSENT TO RELEASE PERSONAL INFORMATION

I hereby provide my permission to Nipissing University to release my personal information for the purposes of financial sponsorship and clinical placement. This personal information includes the following:

i) my student fees / awards account at Nipissing University
ii) my health and criminal records submitted to Nipissing University
iii) my clinical placement requirements determined by Nipissing University

This release will be in effect until my completion of or withdrawal from my flexible learning program (such as the RPN to BScN Bridging or SPP program), or written notice is received by Nipissing University from me indicating that consent has been rescinded.

As previously indicated, I understand that when my personal information is released it is for the purpose of securing sponsorship for the payment of fees and/or arranging clinical placements throughout my program. My personal information can therefore be released to my human resources department and health care agencies as applicable.

Last Name: _____ (please print)

First Name: _____ (please print)

Student ID: _____ Date of Birth: _____ (mm/dd/yy)

Program: ❑ RPN-BScN Blended Learning Location/Employer: _____(please print)
❑ Scholar Practitioner Program (SPP)

_____ _____ (mm/dd/yy)
Signature of Student Date

Protection of Privacy
The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support your fee sponsorship and clinical placements through Nipissing University's School of Nursing. The information will be used to process your sponsorship and clinical placements and will be disclosed to the staff in Student Financial Services and School of Nursing. If you have any questions about the collection, use, and disclosure of this information please contact the School of Nursing, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, 705.474.3461 ext 4567.