



Consent for Release of Personal Information for Nursing Programs

Last Name:		First Name:	
Student ID Number:		Program:	
<p>(1) I, (print name) _____, an applicant for admission to a Bachelor of Science in Nursing program at Lakehead University,</p> <p>(2) do hereby request the (Head, Director, or Dean) _____ of the (name of Nursing program and institution where program is/was offered) _____ where I (am/used to be) _____ enrolled,</p> <p>(3) to release to Enrolment Services - Undergraduate Admissions and the School of Nursing at Lakehead University the following information: status in the Nursing program identified in clause (2) above with regard to failures, probation, suspension, determination of professional unsuitability, disciplinary action, or other related matters – including matters pending.</p> <p>(4) for the purpose of ensuring that Lakehead University's assessment of my credentials for admission to their Nursing program is comprehensive and accurate.</p> <p>(5) I understand that Enrolment Services - Undergraduate Admissions and the School of Nursing at Lakehead University will use the said information only for the purpose stated in clause (4) above and will not disclose it for any other purpose without my written consent.</p> <p>(6) The said information should be sent in confidence to: Director, School of Nursing, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1.</p> <p>I declare that I understand the nature and extent of the personal information whose release I request in this document, as well as the purpose of the release, that I give my consent for this release voluntarily, and that I intend to be bound fully by my consent, in confirmation of which I do hereby sign this document in my own hand.</p>			
Signature of Student:		Date:	
Signature of Witness: (Non-Family Member)		Date:	

Once completed, upload your form to myInfo using the document upload function in your myInfo account. Refer to the "Applicant" tab and select "Document Upload" from the options listed under "Application".

Personal information on this form is collected under the authority of sections 3 and 13 of the Lakehead University Act and will be used in support of the disclosure of information of the type and to the extent described in this form. Any questions on this collection should be directed to: Administrative Assistant to the Vice-President (Academic) and Provost, Lakehead University, 955 Oliver Road, Thunder Bay, Ontario P7B 5E1; telephone: (807) 343-8181.