

**FACULTY OF NURSING  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

The Master of Nursing is a collaborative program with the Saskatchewan Polytechnic. In order to share information between the U of R and Sask Polytechnic, applicants to this program are asked to complete this form. Should you have concerns, please contact our office.

**STUDENT INFORMATION**

Last or Family Name	First Name	Middle Initial	Uof R Student Number (if known)
Current Mailing Address:			
City or Town	Province	Postal Code	
Home Phone:	Cell Phone:	Business Phone:	
Email:			
Date of Birth (DD/MM/YYYY):			

**STATEMENT OF AUTHORIZATION**

**I, HEREBY AUTHORIZE** The Faculty of Graduate Studies and Research and/or the Faculty of Nursing at the University of Regina to share my academic record, including admission application, with the Nursing Department at Saskatchewan Polytechnic.

**SIGANTURE**

Student Signature:	Date:
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