



Student Contact Information Sheet/Consent for Release of Information for Placement Coordination

Placements for the Indigenous Wellness and Addictions Prevention program are coordinated by Canadore College's Faculty of Human and Social Science.

By signing this document, I _____,

1. **authorize Canadore College to share required personal information with our affiliate partner organizations for the sole purpose of arranging academic placements needed to meet the curriculum requirements of the Indigenous Wellness and Addictions Prevention program. This may include sensitive, personal information including but not limited to criminal reference backgrounds, immunization records and other pertinent information required by the placement agency.**
2. **agree to submit as instructed the required placement documentation to the applicable dropboxes in iLearn. You acknowledge that you will not be eligible to participate in a field placement(s) if these documents are not submitted by the deadline(s) indicated.**

This consent will remain in effect until the completion of, or withdrawal from, the Indigenous Wellness and Addictions Prevention program.

Signature: _____ **Date:** _____

Name: _____

Phone Number(s): _____

Email Address: _____

(Please provide e-mail you check most often)

Address while Attending School: _____

Home Address:

