



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

Placements/Practicums for the Recreation Therapy program are coordinated by Canadore College's Experiential Learning Department.

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/practicums needed to meet the curriculum requirements of the Recreation Therapy 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/practicum agency.**
2. **agree to submit as instructed the required placement/practicum documentation to the applicable dropboxes in iLearn. You acknowledge that you will not be eligible to participate in a field placement(s)/practicum(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 Recreation Therapy program.

Signature: _____ **Date:** _____

Name: _____

Phone Number(s): _____

Email Address: _____

(Please provide e-mail you check most often)

Address while Attending School: _____

Home Address:

