



Student Contact Information Sheet/Consent for Release of Information/Clinical Preparatory Contract

Placements for the **Respiratory Therapy** program are coordinated by Canadore College's School of Health 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 in order to meet the curriculum requirements of the Respiratory 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 agency.**
2. **agree to submit as instructed the required placement documentation to Synergy Gateway, our evaluation partner. You acknowledge that you will not be eligible to participate in clinical placement if these documents are not submitted by the deadline(s) indicated.**

This consent will remain in effect until the completion of, or withdrawal from, this program.

Signature:_____ **Date:**_____

Name: _____

Phone Number(s): _____

Email Address: _____

(Please provide email you check most often)

Address while Attending School: _____

Home Address: _____
