



## **Dental Hygiene Student Contact Information Sheet/Consent for Release of Information**

Placements for the Dental Hygiene Program are coordinated by Canadore College School of Health Science. By signing this document, you 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 Dental Hygiene Program. This release will be 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:** \_\_\_\_\_