

Authorization to Release Information



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

College of Nurses of Ontario
101 Davenport Rd., Toronto, ON M5R 3P1
www.cno.org

Telephone: 416 928-0900
Toll-free (Canada): 1 800 387-5526
Fax: 416 928-6507

Purpose of this form

This form should be used by an applicant who wishes to permit another individual to seek, receive, or provide information concerning their application. **Note:** This authority can only be granted by the applicant to a specific individual. The authorization expires two years after the College receives it, or upon your registration with the College, whichever occurs first.

How to complete this form

Step 1: Applicant should complete and sign this form.

Step 2: Applicant should send the fully completed form to the College using the contact information at the top of this form.

Collection of Personal Information

Please review the Privacy Code on the College's website (www.cno.org/privacy) to understand how personal information will be used.

Applicant Last name

Application number

Applicant First name

Date of birth (DD/MMM/YYYY)

To the College of Nurses of Ontario:

I, _____, hereby authorize _____ residing at
Please print your name Print authorized person's name

Authorized person's address

Apt/unit#

City

Province/State

Postal/Zip Code

Country

Authorized person's telephone number (please include area code)

to seek, receive and provide information concerning my application for nursing in Ontario. This authority shall remain in force for **two years** from the date this form is signed by me unless I provide written notification to the contrary to the College of Nurses of Ontario.

Applicant signature: _____

Date: _____

DD/MMM/YYYY