

**FACULTY OF  
NURSING**  
University of Windsor

**Instructions:** Once form is completed, signed and dated, please submit to the Faculty of Nursing Main Office in person, by mail, fax, or by emailing a scanned copy of the form.

**Mail or in person:**

Faculty of Nursing  
Main Office – Room 336 Toldo Health Education Centre  
University of Windsor  
401 Sunset Avenue  
Windsor, Ontario, Canada N9B 3P4

**Fax:** 519.973.7084

**Email:** nurse@uwindsor.ca

I hereby grant permission to the University of Windsor, Faculty of Nursing to forward references requested to (please check your selection):

All perspective employers and/or educational institutions ☐

OR

To the following prospective employers **ONLY** ☐

---

**For a period of:** 1 year only ☐

5 years ☐

Indefinitely ☐

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_