



University
of Windsor

Faculty of Nursing

AUTHORIZATION AND DIRECTION

Note: This document authorizes another institution to disclose a student's academic/student records to the University of Windsor.

Instructions: Student completes this form and submits to:

Attention: Associate Dean
Faculty of Nursing
University of Windsor
401 Sunset Avenue
Windsor, Ontario, Canada, N9B 3P4

Fax: (519) 973-7084

To: _____
(print university name)

You are hereby authorized and directed to disclose the content of my academic/student record to the University of Windsor, Faculty of Nursing and this is your good and sufficient authority for so doing.

Dated as of the ____ day of _____, 20____

Signature

Last Name: _____ Given Names: _____

Student number: _____