



University  
of Windsor

## Faculty of Nursing

Instructions: Once the form is completed, signed and dated please submit to the Faculty of Nursing Main Office 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 Ave.  
Windsor, ON Canada N9B 3P4

**Email: [nurse@uwindsor.ca](mailto:nurse@uwindsor.ca)**

**FAX: 519-973-7084**

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: \_\_\_\_\_