COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11620 - 168 Street, Edmonton, Alberta T5M 4A6 Telephone (780) 451-0043
Toll Free in Canada 1-800-252-9392 www.nurses.ab.ca carna@nurses.ab.ca

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the agency and representative of that agency listed at the bottom of this page to act on my behalf in relation to all matters concerning my application for registration with the College and Association of Registered Nurses of Alberta. My personal information is as follows:

Name _____
Family Name Given Name Middle Name Maiden Name

Address _____
Apt Street City Province/State Postal Code

☐ Male ☐ Female Phone [ ] _____

Home email: _____ Birthdate ____/____/____
please print clearly day month year

I hereby authorize the agency listed below to provide information on my behalf to the College and Association of Registered Nurses of Alberta and I hereby authorize the College and Association of Registered Nurses of Alberta to release information to the named agency.

This authority remains in force until or unless cancelled by me in writing. This authority to provide and release information applies to all matters relating to my application for registration, including application for temporary registration and application to write the Canadian Registered Nurse Examination. This authority extends to the provision and release of information in writing, verbally and electronically.

_____ _____
Signature of Applicant Date

Agency Information (please print clearly)

_____
Name of Agency

_____
Address of Agency

Phone [ ] _____ Fax [ ] _____

Email _____

_____ _____
Print Name of Agency Representative Title

_____ _____
Signature Date