CONSENT FOR RELEASE OF INFORMATION

To be completed by the applicant and returned to the Nurses Association of New Brunswick (NANB).

Name:_____
Surname/Family Name First Name Middle Name

Current Address:_____
Apt # Street Number Street Name

_____
City/Town Province Postal Code

Telephone (_____) _____ **Email:**_____
Area Code **Number**

I hereby authorize the Nurses Association of New Brunswick (NANB) to obtain information pertaining to my application for exam accommodation from my univeristy.

Applicant name_____ Date: _____
Please Print

Applicant signature _____

Nurses Association of New Brunswick
L'Association des infirmières et infirmiers du Nouveau-Brunswick

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