



CONSENT FOR RELEASE OF INFORMATION

To be completed by the applicant and returned to the
Association of New Brunswick Licensed Practical Nurses (ANBLPN)
Return to: applications@npls.ca

Applicant Details

Name

Last Name

First Name

Middle Name

Current Address

Apt #

Street #

Street Name

City/Town

Province

Postal Code

Contacts

Telephone #

Email

Consent

I hereby authorize the Association of New Brunswick Licensed Practical Nurses (ANBLPN) and the New Brunswick Community College (NBCC), to an exchange of information pertaining to my participation in any required Bridging/Re-entry education, as determined by ANBLPN.

Applicant Signature

Date

Return completed form to: applications@npls.ca