

### **C&C Club Authorization Form**

Thank you for joining the **C&C Club**! To facilitate effective networking within the group, I kindly request your permission to share your name and contact number with other members. Please review the statement below and provide your authorization by signing at the bottom.

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#### **Authorization to Share Contact Information**

I, the undersigned, authorize **Southern Illinois University/Nurse Aide Testing** to share my name and contact number with other members of the C&C Club for the purpose of networking and collaboration. I understand that this information will only be shared within the club and will not be distributed outside of the group.

Additionally, I agree to respect the privacy and confidentiality of other members' information shared within the C&C Club. This includes refraining from using the information for any purpose other than the intended networking and collaboration activities of the club.

**Name (Printed):** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**Program Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please return this completed form to **Angela Pavlick at [educoordchicagoarea@siu.edu](mailto:educoordchicagoarea@siu.edu)**.

Thank you for your cooperation and for contributing to the success of the C&C Club!