

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.

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: _____

Please return this completed form to **Angela Pavlick at educoordchicagoarea@siu.edu**.

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