

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

(Print Legibly in Black Ink)

I, \_\_\_\_\_, hereby authorize the MISSOURI STATE BOARD OF NURSING to release my social security number, in addition to any public information contained in my file at the MISSOURI STATE BOARD OF NURSING, regarding my licensure and application status as a Registered Professional Nurse/Advanced Practice Nurse to my national certifying body/bodies, \_\_\_\_\_ and/or their representatives, in order to facilitate interagency communication and retrieval of certification or recertification evidence.

A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Social Security Number

*Fax to the Missouri State Board of Nursing at (573) 751-0075*