MISSOURI
State Board of Nursing

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

GRADUATE NURSE AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION – FOR NURSING PROGRAM

MAILING ADDRESS:
STATE BOARD OF NURSING
PO BOX 656
JEFFERSON CITY, MO 65102-0656
(573) 751-0681
Email: nursing@pr.mo.gov
Website: http://pr.mo.gov/nursing.asp

DELIVERY ADDRESS:
3605 MISSOURI
BOULEVARD
JEFFERSON CITY, MO 65109

INSTRUCTIONS

Please complete the form below.

PERSONAL INFORMATION

GRADUATE NURSE FIRST AND LAST NAME	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

NURSING PROGRAM INFORMATION

NURSING PROGRAM ATTENDED	NCLEX PROGRAM CODE

AFFIRMATION

I, _____, hereby authorize the **MISSOURI STATE BOARD OF NURSING** to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to _____ and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam, examination results, and my NCLEX Candidate Performance Report.

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

SIGNATURE	DATE

GRADUATE NURSE'S EMAIL ADDRESS

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NURSING PROGRAM EMAIL ADDRESS

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PLEASE SUBMIT THIS FORM WITH THE MISSOURI STATE BOARD OF NURSING APPLICATION FOR LICENSURE.