

UNIVERSITY of HOUSTON

COLLEGE of NURSING

Second Degree BSN Release of Social Security Number Form

I acknowledge the release of my social security number to the Texas Board of Nursing for RN licensure purposes.

Social Security Number: _____ - _____ - _____

I do not have a Social Security Number

Name as it appears on Driver's License (please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address (please print): _____

Date of Birth: ____/____/____

Student Signature: _____

Date: _____