



**Traditional 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 (or ITIN): _____ -- _____ -- _____

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**): _____

Telephone: _____

Date of Birth: ____/____/____

Student Signature: _____

Date: _____

Please complete and choose either:

Fax	832 - 842 – 8363
Drop Off	Gessner College of Nursing at the UH Katy Campus Suite 306 22400 Grand Circle Blvd. Katy, Texas 77449