



**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 (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): _____

Date of Birth: ____/____/____

Student Signature: _____

Date: _____

Please complete and choose either:

Fax	713-743-1164
Drop Off	University of Houston at Sugar Land Gessner College of Nursing Suite – Room 367 Brazos Hall 14004 University Blvd. Sugar Land, Texas 77479