

**AUTHORIZATION TO RELEASE INFORMATION**

Please read the following release form carefully. Enter your name in the blanks and your signature, and the date in the designated spaces. **THIS FORM MUST BE NOTARIZED.**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize any and all individuals and entities to release to the Mississippi Board of Nursing and its staff, personnel and/or agents, **any and all records and information**, whether it be academic, military, medical, psychiatric, psychological, drug/alcohol treatment, employment (including, but not limited to, applications for employment, payroll information, incident reports, drug screens, alcohol screens, contracts for employment, dates and hours worked, dates and hours of absences, reasons for days missed, appraisals and reprimands, promotions, complaints, identity of supervisors, illnesses, injuries, and my reasons for termination or leaving), judicial (including, but not limited to, investigatory agency and court criminal and civil records), or personal reference, and I, \_\_\_\_\_, being competent to grant this release, **hereby fully authorize the release of any and all such information, privileged or otherwise**, to the **Mississippi Board of Nursing** and its staff, personnel, representatives and/or agents and fully release any and all persons or parties from any and all charges or liability whatsoever because of furnishing or releasing said information and/or documents. I further authorize the Mississippi Board of Nursing to release any and all information, including but not limited to, the above referenced records to individuals/entities and/or Mississippi Board of Nursing-approved assessors the Mississippi Board of Nursing deems necessary. This release shall remain in full force and effect until revoked in writing.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTORNEY'S SIGNATURE: \_\_\_\_\_  
(if applicable)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged to me that he/she signed and delivered the above and foregoing Authorization to Release Information form on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

SEAL

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