



Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834
P (916) 322-3350 | www.rn.ca.gov



CONFIDENTIAL RELEASE FORM

I, _____ RN # _____, authorize
FULL LEGAL NAME OF PROBATIONARY RN *RN NUMBER*

the Board of Registered Nursing (Board) to disclose all records and information, and to answer any questions pertaining to my compliance with all federal, state and local laws, and rules and regulations of the Board of Registered Nursing, including my employment, drug and/or alcohol rehabilitation, drug screening results, physical and/or mental health status, to my nurse support group facilitator(s).

This authorization shall be valid immediately and shall expire only after I successfully complete my probation term with the Board, or after I am terminated from the Probation Program early due to a successful petition for early termination of probation, or after my registered nursing license is revoked by the Board or surrendered to the Board.

SIGNATURE OF PROBATIONARY RN

DATE