



Release of Information Consent Form

I, [ ] authorize the University of Tennessee, Knoxville College of Nursing to share the following data with the National Council of State Boards of Nursing. This information will be shared primarily for the purpose of insitutional notification of UTK CON employee license expiration.

The University of Tennessee, College of Nursing agrees to trasnmit the data via UT's secure courier, Vault. The University of Tennessee is to be held harmless for the National Council of State Boards of Nursing data security.

The following are <b>required</b> fields			
Full Name			
License Jurisdiction (Postal Abbr. - exceptions: CARN, CAVN, LARN, WVRN, WVPN)			
License Number			
License Type (RN, PN, CNM, CRNA, CNS or CNP)			
Email			
Work Address 1 (must match enrolled license or multistate privilege)			
Work Address 2 (must match enrolled license or multistate privilege)			
Work City (must match enrolled license or multistate privilege)			
Work State (must match enrolled license or multistate privilege)			
Work Zip (must match enrolled license or multistate privilege)			
Last 4 of SSN ( not saved, but must match Nursys data for license)	000-00-		
Birth year YYYY (not saved, but must match Nursys data for license)			

The following are <b>optional</b> fields	
Cell phone number (10 digits, numbers only, no spaces - for text msg expiration reminders)	

[ ]

University of Tennessee, Knoxville College of Nursing Employee Signature

Date	
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