



Ohio Board of Nursing

www.state.oh.us/nur

17 South High Street, Suite 400 • Columbus, Ohio 43215-3413 • (614) 466-3947

RELEASE OF INFORMATION

I, the undersigned do hereby authorize

to release to the Ohio Board of Nursing, any and all information
relating to _____

Signature _____

Date _____

Witnessed By _____

Date _____