

TEXAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701

Email: compliance@bon.texas.gov Phone: (512) 305-6838

**PROBATION/PAROLE OFFICER REPORT &
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, license number(s) _____,

hereby authorize _____ to release to the Texas Board of Nursing the
information required to answer the questions listed below:

(Nurse's Signature)

(Date)

Is the above identified Nurse in compliance with the terms of his/her probation/parole?

() YES () NO If no, explain:

Is the above identified Nurse employed? () YES () NO

Name of Employer: _____

Dates of Employment: _____

Job Title: _____

Is there any evidence of illegal involvement with drugs? () YES () NO If yes, explain:

Please comment on the probationer's/parolee's prognosis for successful completion of the terms of the
sentence: () GOOD () POOR If poor, please explain:

Signature of Officer

(Date)

Agency Name

Telephone Number

Address

This form must be sent from the evaluator **directly** to the attention of Compliance, Texas Board of
Nursing, at the above address.