

Due Date: \_\_\_\_\_

TEXAS BOARD OF NURSING  
1801 CONGRESS AVENUE, #10-200  
AUSTIN, TEXAS 78701  
(512) 305-6827

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

I, \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ to release to the Texas Board of Nursing the information  
required to answer the questions listed below:

\_\_\_\_\_  
(RN Signature)

\_\_\_\_\_  
(Date)

Is the above identified R.N. in compliance with the terms of his/her probation/parole?  
( ) YES ( ) NO If no, explain:

\_\_\_\_\_

Is the above identified R.N. 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 at the address above.