



SSN Permission Form

DePaul School of Nursing must attest to your completion of the nursing degree program. We will submit a Letter of Attestation to Continental testing confirming the completion of your nursing degree, which will generate your Authorization-to-Test from the State of Illinois.

The letter sent to Continental Testing will include your name and Social Security Number. In order to maintain confidentiality and security, we will access your Social Security Number via your CastleBranch Account.

Please complete this form using your full name, as it appears on your application materials. Discrepancies in your name will slow the processing time. Please return the form to the School of Nursing at nursing@depaul.edu.

I hereby give my permission for the DePaul School of Nursing to release my Social Security Number from my CastleBranch account to Continental Testing.

Name: _____

Signature: _____

Date: _____