



REQUEST FOR RELEASE OF TRANSCRIPT
NORTH DAKOTA BOARD OF NURSING
SFN 7639 (07-20)

****ND NURSE APPLICANT** – you must request your college to send the official transcript of your grades, with the degree posted, directly to the Board of Nursing office. **Copies of transcripts sent by applicants will not be accepted.**

Complete this form and send to your school of nursing so they may send official transcripts to our office. Check with your school of nursing as they may require a fee which you will need to include when you send this form to them.

Last Name		First Name		Middle Name	
Maiden Name		Any other names used while enrolled			
Address		City		State	ZIP Code
*Social Security Number	Date of Birth	Date of Entry		Date of Completion	

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes. Failure to provide the social security number will cause the application to not be processed.

I authorize the release of my transcripts to the ND Board of Nursing for licensure application by endorsement or advanced practice.

Signature	Date
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If School of Nursing is closed, the transcript must be obtained from the custodian of school records. It is the applicant's responsibility to locate the school records.

SCHOOL OF NURSING:

PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPT WITH THE DEGREE POSTED ALONG WITH THIS REQUEST FORM TO:

ND Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881