



**REQUEST FOR RELEASE OF TRANSCRIPT  
NURSING EDUCATION LOAN**  
NORTH DAKOTA BOARD OF NURSING  
SFN 54406 (3-16)

**\*\*ND NURSE APPLICANT** – you must request official transcripts of all college credits from all schools attended to be sent 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.

Name (last, first, middle, maiden)			
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.

**I authorize the release of my transcripts to the ND Board of Nursing for the nursing education loan application.**

Signature	Date
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**SCHOOL OF NURSING:**

**PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPT ALONG WITH THIS REQUEST FORM TO:**

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