



**REQUEST FOR RELEASE OF TRANSCRIPT
TECHNICIAN**
NORTH DAKOTA BOARD OF NURSING
SFN 54382 (01-18)

****TECHNICIAN 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 college so they may send official transcripts to our office. Check with your college 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.

Signature	Date
-----------	------

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

COLLEGE:

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**