



**REQUEST FOR RELEASE OF TRANSCRIPT  
TECHNICIAN**  
NORTH DAKOTA BOARD OF NURSING  
SFN 54382 (07-20)

**\*\*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.

|                         |               |                                     |  |                    |          |
|-------------------------|---------------|-------------------------------------|--|--------------------|----------|
| 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.**

|           |      |
|-----------|------|
| 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**