



**REQUEST FOR RELEASE OF TRANSCRIPT
ADVANCED PRACTICE REGISTERED NURSE**
NORTH DAKOTA BOARD OF NURSING
SFN 54407 (7-05)

****ND ADVANCED PRACTICE 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.

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 advanced practice licensure application.

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**