## **Iowa Board of Nursing**

400 SW 8<sup>th</sup> Street Suite B Des Moines, IA 50309-4685

## REQUEST FOR NURSING TRANSCRIPT

(Transcripts are not accepted by fax, electronically, or from the applicant in a sealed envelope)

If you are requesting the transcript from your school online, then this form is not required. (Contact the program to verify the fee amount)

Forward this form to the basic nursing program from which you graduated prior to initial licensure. For RN's it would be your initial RN program.

Name:			
Last	First	Middle	Maiden
Any other last names used: _			
Address of Requesting Indivi	dual:		
City	State		Zip Code
Social Security Number:		Date of Birth: _	
Year of graduation from nurs	ing program:		
I am requesting that an officing graduation from:	al nursing transcript	which includes the da	ate of <u>entry</u> and date of
Name and location of nursing	g program		
be forwarded to:			
	lowa Board ( 400 SW 8 <sup>th</sup> Str	<u> </u>	
	Des Moines, IA	50309-4685	
Signature of Requester			Date

REGISTRAR: Please attach this form to the official nursing transcript being sent to the lowa Board of Nursing.

This information is collected pursuant to IAC 3.5(2)a(3). Failure of the requesting individual to provide this information will result in licensure denial. This information may be disclosed pursuant to IAC 655 – Chapter 11.

Transcript R 10/2013, Rev. 3/2015