

Iowa Board of Nursing
 400 SW 8th Street, Suite B
 Des Moines, IA 50309-4685
 515.281.3264
 E-Mail: ibon@iowa.gov



REQUEST FOR NURSING TRANSCRIPT

TO APPLICANT: Send this form to your basic school of nursing. Transcripts must include all completed coursework, reflect the degree awarded and graduation date. Your school may require a processing fee.

A. TO BE COMPLETED BY APPLICANT

LAST NAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS: Number and Street				DATE OF BIRTH: (Month/Day/Year)
City	State	Country	Zip Code	SOCIAL SECURITY NUMBER:
PREVIOUS NAMES:				
NAME OF NURSING SCHOOL:				YEARS OF ATTENDED:
LOCATION: City	State	Country	Zip Code	YEAR GRADUATED:

SIGNATURE OF APPLICANT: _____ DATE: _____

B. TO BE COMPLETED BY SCHOOL REGISTRAR RELEASING THE TRANSCRIPT

The above applicant has applied for a license to practice nursing in Iowa. Please provide the following information and attach a complete OFFICIAL transcript.

Please mail to the Iowa Board of Nursing at the above address.

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

ENTRANCE DATE:	DATE DEGREE/DIPLOMA AWARDED:
NAME OF SCHOOL:	TYPE OF DEGREE:

SIGNATURE OF REGISTRAR: _____ DATE: _____ TITLE: _____
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