

Iowa Board of Nursing

400 SW 8th Street Suite B
Des Moines, IA 50309-4685

REQUEST FOR NURSING TRANSCRIPT (Transcripts are not accepted by fax or from the applicant in a sealed envelope)

If you are requesting the transcript from your school online, then this form is not required.

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 Individual:

City State Zip Code

Social Security Number: _____ Date of Birth: _____

Year of graduation from nursing program: _____

I am requesting that an official nursing transcript which includes the date of entry and date of graduation from:

Name and location of nursing program _____

be forwarded to:

Iowa Board of Nursing
400 SW 8th Street Suite B
Des Moines, IA 50309-4685

Signature of Requester

Date

REGISTRAR: Please attach this form to the official nursing transcript being sent to the Iowa 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.