

## FLORIDA BOARD OF NURSING TRANSCRIPT REQUEST FORM

This form is only for use by applicants who are graduating from a United States school outside of Florida. **You must provide this form to your registrar's office for completion.**

Forward an official copy of my transcripts to:

Florida Board of Nursing  
4052 Bald Cypress Way, Bin # C02  
Tallahassee, FL 32399-3252

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Street address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Name in school if different from above: \_\_\_\_\_

Place a check here if you did not graduate from the program and are applying for NCLEX-PN based on practical nursing equivalency.\*

I authorize the school to release the information requested below to the Florida Board of Nursing.

Signature of Student: \_\_\_\_\_

Official transcripts must be in English and include the following information:

- All general education and nursing courses with semester credit hours or contact and grades reported
- Beginning and ending dates of study
- Graduation or withdrawal date
- Degree, certificate or diploma conferred, if applicable

\* If the applicant has checked this box please include course descriptions for each nursing course in the curriculum, even if the applicant did not take or complete all courses.

Please return this form along with the transcript.