



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer



REQUEST FOR TRANSCRIPT

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

A. TO BE COMPLETED BY APPLICANT

Form with fields for: LAST NAME, FIRST NAME, MIDDLE NAME, ADDRESS (Number and Street), DATE OF BIRTH (Month/Day/Year), City, State, Country, Postal/Zip Code, SOCIAL SECURITY NUMBER, PREVIOUS NAMES (Including Maiden), NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL, YEARS ATTENDED, LOCATION (City, State, Country, Postal/Zip Code), YEAR GRADUATED.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS

The above applicant has applied for a license to practice as a registered nurse in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address. DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.

ENTRANCE DATE: \_\_\_\_\_ DATE DIPLOMA/ DEGREE AWARDED: \_\_\_\_\_ DATE NURSING REQUIREMENTS COMPLETED: \_\_\_\_\_

If degree received prior to entering nursing program, list name of school and type of degree:

NAME OF SCHOOL: \_\_\_\_\_ TYPE OF DEGREE: \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_
TITLE: \_\_\_\_\_

NOTE: ALL INTERNATIONAL NURSING PROGRAMS: Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing. (Rev 01/11)