

**Official transcripts must be mailed directly from the education program to:**

**Board of Nursing**

4052 Bald Cypress Way Bin C-02  
Tallahassee, FL 32399-3252



**Board of Nursing Transcript Request**

**Only** applicants who are graduating from a **United States school outside of Florida** should use this form. **The form must be presented to the registrar's office for completion.**

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

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Graduation Date: \_\_\_\_\_  
MM/DD/YYYY

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 (PNEQ).\*

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

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

- All general education in nursing courses with semester credit or contact hours 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 the PNEQ box above, 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 with the transcript.**