



Form B

Transcript Authorization

(Refer to instructions to determine whether this form applies to you)

Applicant: Please complete and forward this form to the REGISTRAR or custodian of your nursing education program records.

PLEASE PRINT LEGIBLY

Legal Name: _____
(Last) (First) (Middle)

(Social Security Number)*

(Name while enrolled in nursing education program)

(Any other names under which information may come to the Board)

(Name of nursing education program)

(City, State, Country of nursing education program)

Date of admission _____ Date of completion _____

Signature _____ Date _____

Nursing Education Program: Please forward a signed and sealed transcript along with this form directly to the Ohio Board of Nursing within 30 days from receipt of this form to:

Ohio Board of Nursing
Attn: Licensure Unit
17 South High Street, Suite 400
Columbus, OH 43215-7410

The official transcript **must include** the **credential awarded** and the **program completion date (month, day, and year)**, not the graduation date.

If advance or transfer credit was granted, the transcript must indicate the courses for which the credit was given and the amount of credit given for each course.

* Your social security number is required by state and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666), reporting to the National Practitioner Data Bank (Public Law 100-93, Sec. 1921 of the Social Security Act, as amended; 45 C.F.R. pt. 60); reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4723.28, reporting to the National Council of State Boards of Nursing for state board investigative purposes, and/or as otherwise required by state and federal law.