

OKLAHOMA BOARD OF NURSING
2915 North Classen Blvd., Suite 524
Oklahoma City, Oklahoma 73106
405-962-1800
www.ok.gov/nursing

CLOSED SCHOOL TRANSCRIPT AUTHORIZATION

OFFICIAL TRANSCRIPT(S):

I authorize the Oklahoma Board of Nursing to submit official transcript(s) to: *(Print name and address of institution or agency)*

UNOFFICIAL TRANSCRIPT(S):

Please mail an unofficial transcript to: *(Mail to the address below)*

Signature: _____
Date: _____

IDENTIFYING INFORMATION:

I attended _____

Name of Nursing Education Program

Location of School _____

City State Zip Code

Under the name of _____

Date of Birth _____ Social Security Number _____

Date of Graduation _____ If not graduated, date of withdrawal _____

Oklahoma Certificate Number *(If Oklahoma license was ever obtained)*: _____

Address: _____

City State Zip Code Phone Number

FEE: \$15.00 PER TRANSCRIPT
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