



## Request for Academic Records Board of Nursing

**Note to Applicant:** It is your responsibility to ask your university/institution to send your records to International Education Evaluations. Please complete the top part of this form and submit it to the registrar/controller of examinations/ other authorized official at your university. Note that some universities may charge a fee for this service.

|   |                               |  |  |
|---|-------------------------------|--|--|
| Last / Family Name                        |                               | First / Given Name                           |  |
| Previous Name (if applicable)             |                               | Date of Birth (dd/mm/yyyy)                   |  |
| Institution Name                          |                               | Dates Attended From: (mm/yyyy) To: (mm/yyyy) |  |
| Degree Name (if applicable)               | Year of Award (if applicable) | Major  |  |
| Student ID or Roll Number (if applicable) |                               | Applicant's Email Address                    |  |

***I hereby authorize the release of my academic records to International Education Evaluations.***

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note to Authorized Official:** The above-named student seeks to have their credentials evaluated and requests that a transcript of their academic records/statement of marks - showing all subjects and all grades/marks awarded for all years of study - be released to IEE, Inc. Please complete this form, place the form and academic records in an envelope, sign and seal the envelope across the back flap, and send it directly to IEE, Inc. at the address below.

|                                  |         |             |  |
|----------------------------------|---------|-------------|--|
| Name of Official Completing Form |         | Title       |  |
| Address                          |         | URL<br>www. |  |
| City                             | Country | Postal Code |  |
| Telephone                        | Fax     | Email       |  |

**Confirmation:** I confirm that the student named above attended \_\_\_\_\_  
Institution Name

**Dates of Attendance:** From \_\_\_\_\_ To: \_\_\_\_\_

**Degree Obtained** (if applicable): \_\_\_\_\_ **Date Awarded:** \_\_\_\_\_

**Continued on Page 2**



**International  
Education  
Evaluations, Inc.**

## **Request for Academic Records Board of Nursing (continued)**

**Confirmation of Theory / Clinical Hours in:**

| <b>Nursing Subject</b>      | <b>Theory Hours Completed</b> | <b>Clinical Hours Completed</b> |
|-----------------------------|-------------------------------|---------------------------------|
| Adult Medical Nursing       |                               |                                 |
| Adult Surgical Nursing      |                               |                                 |
| Maternal / Infant Nursing   |                               |                                 |
| Nursing Care of Children    |                               |                                 |
| Psychiatric / Mental Health |                               |                                 |

\_\_\_\_\_  
**Authorized Signature and Seal**

\_\_\_\_\_  
**Date**

---

**Please mail all correspondence to:**

International Education Evaluations Inc.  
7900 Matthews - Mint Hill Rd, Suite 300  
Charlotte, NC 28227-6566 U.S.A.

**For electronic correspondence:**

info@foreigntranscripts.com

**\*\*Please return this form together with the official academic records/statement of marks\*\***