

State of Nevada
Board of Occupational Therapy

P.O. Box 34779
Reno, Nevada 89533-4779
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REQUEST FOR STUDENT TRANSCRIPT

Please complete the information below and submit to the school from which you received your Occupational Therapy degree. Please be aware that you may be required to attach a fee to this form. Contact your school for specific information.

PRINT Name under which you attended school Social Security #

Degree Received Date Graduated

PRINT Current Full Name (last, first, middle initial) Telephone

Address City State Zip Code

Signature Date

SCHOOL RECORDS DEPARTMENT

Pursuant to Nevada licensure regulations, the above named person is requesting official transcripts be mailed directly to:

STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY
P.O. BOX 34779
RENO, NEVADA 89533-4779