



MT(AAB) Technologist • MLT(AAB) Technician • POLT(AAB) Physician Office Laboratory Technician • PBT(AAB) Phlebotomy Technician

---

## TRANSCRIPT RELEASE FORM

**INSTRUCTIONS:** This form is provided to assist you in obtaining an official transcript from your college or university. Complete and submit the form to the registrar of the appropriate institution. Include a photocopy of the completed form with your AAB Board of Registry application for certification so that the Board of Registry office will be aware that a transcript or transcripts has/have been requested and will be forthcoming.

**I do hereby authorize the Registrar of**

\_\_\_\_\_  
Name of College or University

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**to forward a certified copy of my college transcript to the:**

**AAB Board of Registry  
906 Olive Street, Suite 1200  
St. Louis, MO 63101-1448  
Phone: (314)241-1445 Fax: (314)241-1449**

**Your Signature** \_\_\_\_\_

**Please print or type:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_