



AAB BOARD OF REGISTRY

♦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 _____