

## Transcript Request Form

All certification candidates are required to provide the American Board with an official transcript from the institution that issued their bachelor's degree. Many colleges and universities charge a transcript request fee. Please contact your college or university's Bursar/Registrar's Office to confirm the transcript request fee before mailing the request form below.

Please detach the portion below and send to the college or university that you attended.



### Please release my academic records to:

The American Board for Certification of Teacher Excellence  
Attn: Candidate Information  
1225 19th Street, NW  
Suite 400  
Washington, DC 20036



Name (please print) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Maiden or Previous Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN(or student ID): \_\_\_\_\_

Address: \_\_\_\_\_

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

Degree Awarded: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

I understand that my signature authorizes the release of my academic records.