



# National Registry of Radiation Protection Technologists

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## TRANSCRIPT REQUEST

NAME: \_\_\_\_\_ YEAR OF REGISTRATION: \_\_\_\_\_

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### Members must be current with dues.

If dues for the current year have not been paid, please enclose \$35.00. Make check payable to the National Registry of Radiation Protection Technologists.

SEND MY NRRPT VALIDATION TO THE FOLLOWING INSTITUTION:

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REGISTRANT SIGNATURE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_

NOTE: All validations will be sent directly to the institution listed above. Make additional photocopies of this form if any further transcripts are needed. Submit all requests to the office of Executive Secretary, NRRPT, P.O. Box 3084, Westerly, RI 02891 or fax to 401-637-4822.