



**Transcript Release form for the Joint Admission Medical Program**

Name of Institution: (print) \_\_\_\_\_

JAMP ID: \_\_\_\_\_

Date of request: \_\_\_\_\_

**Student Information:**

Student's Last Name: (print) \_\_\_\_\_

Student's First and Middle Name: (print) \_\_\_\_\_

Other Last Names (if different from above): \_\_\_\_\_

\_\_\_\_\_

Student's Institution Identification number: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**Dear Registrar:**

I hereby request you forward my official transcripts(s) to JAMP at the following address.

Please attach this form to my official transcript(s).

**Joint Admission Medical Program  
702 Colorado, Suite 6.400  
Austin, TX 78701**

Student's Email address: \_\_\_\_\_

**Students**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_