



Official Transcript Tracking Form

This Form is requested to insure that transcripts received are matched to the correct students' file.

Please attach a copy of this form to each JAMP participant's official transcript before sending to JAMP.

Student's Last Name: _____

Student's First and Middle Name: _____

Please mail all JAMP participants' official transcripts to the following address:

Joint Admission Medical Program
702 Colorado Street, Suite 6.400
Austin, Texas 78701