



**Name of Institution:** \_\_\_\_\_

**Name & Title of JAMP Faculty Director:** \_\_\_\_\_

\_\_\_\_\_

### **Notice of Intent to Apply to the Joint Admission Medical Program and Authorization to Release Educational Records**

I intend to apply to the Joint Admission Medical Program (JAMP) at the beginning of the fall semester of my sophomore year. In connection with my application, I understand that certain academic and financial aid records must be submitted to the JAMP Council. In connection with that application, I authorize the release of the following academic and financial aid records to the JAMP Faculty Director identified above for the purpose of completing the JAMP Application. I understand that the JAMP Faculty Director will then forward this information to the JAMP Council in connection with my application to JAMP.

If accepted into the program, I authorize the release of my educational records in accordance with the Family Educational Rights and Privacy Act, which authorizes the release of educational records to the JAMP Council for the purpose of determining my eligibility and enforcing the terms and conditions for the financial aid under JAMP. This includes the release of my college transcript each semester that I am enrolled in the institution identified above and to the JAMP Faculty Director identified above.

1. One copy of high school transcript and class rank used by Office of Admission for admission to university.
2. If applicable, one copy of any other college transcript reflecting course work completed prior to the fall semester.
3. One official university transcript of academic work for semester just completed.

#### **PRINT CLEARLY OR TYPE ALL INFORMATION**

\_\_\_\_\_

**The following information must be completed by student applying to JAMP:**

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

**Student's Full Name:** \_\_\_\_\_

**Student's University Identification number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Right to Review and Correct Information:**

You are entitled to request to be informed about the information that the JAMP collects about you, with some exceptions; you are entitled to receive and review the information in accordance with the Public Information Act; you are entitled to have JAMP correct any information about you that is incorrect.