



TRANSCRIPT REQUEST FORM

JAMP ID: _____

Student Information:

Last Name: _____

First and Middle Name: _____

Other Last Names (if different from above): _____

Student ID: _____

Dates of Attendance: _____

Dear Registrar:

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

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

JAMP, ATTN: Transcripts

Joint Admission Medical Program
c/o Texas Medical and Dental Schools Application Service
P.O. Box 2175
Austin, TX 78768

Signature

Date

Please enclose this form with the applicant's official transcript(s).

A transcript will be rejected and possibly returned by JAMP under any of the following conditions:

- The transcript is more than a year old
- The Registrar's seal and/or signature is missing
- The transcript is stamped "Issued to Student" or "Student Copy" etc.
- The official transcript is for the wrong student, or the name of the transcript differs from that on the transcript request form
- The official transcript is illegible