



# 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