Transcript Release for the Joint Admission Medical Program

Name of Institution: (print) ____

Name and Title of JAMP Faculty Director: ___________________________________

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I have been accepted in to the Joint Admission Medical Program (JAMP). In connection with my acceptance, I understand that my educational records must be submitted to the JAMP Council, including its members, agents or the JAMP Faculty director, to confirm my eligibility to participate in JAMP and to receive scholarship funds. I understand that the release is authorized under the Family Educational Rights and Privacy Act (FERPA) for the purpose of determining my eligibility and enforcing the terms and conditions of financial aid. See 20 U.S.C. 1232g(b)(1)(D); 34 CFR 99.31 (a)(4).

I authorize the release of my educational records including, but are not limited to:

- An official academic transcript for each semester that I am enrolled in the institution identified above
- An official academic transcript for each semester that I am enrolled in a medical school to which I was accepted under JAMP
- Student disciplinary records

PRINT CLEARLY OR TYPE ALL INFORMATION

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The following information must be completed by student accepted to JAMP:

Date of request: ____________________________

Student's Full Name: (Print)____

Student's Institution 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.

Revised May 2013