



## 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  
P.O. Box 2175  
Austin, Texas 78768

**FedEx Address**

210 W 6th Street  
Room #B.140E  
Austin TX 78701