

## TRANSCRIPT MATCHING FORM

Please clearly print or type the information below. Official transcripts must be issued to the Summer Health Professions Education Program. Include this form with the official transcript when permitted by the institution's registrar's office. Official transcripts must be mailed by the institution to the following address:

Summer Health Professions Education Program  
Association of American Medical Colleges  
655 K Street NW, Suite 100  
Washington, DC 20001-2399

Please contact the SHPEP National Program Office at 1-866-587-6337 or email [shpep@aamc.org](mailto:shpep@aamc.org) if you have any questions.

SHPEP ID NUMBER		
LAST NAME	FIRST NAME	M.I.
PHONE NUMBER		
EMAIL ADDRESS		
INSTITUTION		
START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)	

**TRANSCRIPTS MUST BE POSTMARKED BY FEBRUARY 5, 2020.**