

## 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 **emailed OR** mailed by the institution to the following address:

**Email:** [shpeptranscripts@aamc.org](mailto:shpeptranscripts@aamc.org)

**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.

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