

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

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 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)	

Please note: This form is optional. If your institution can't attach this with your transcripts, please have them sent with out it.