LAMAR UNIVERSITY
REQUEST FOR TRANSCRIPT

24 hours turnaround required except during registration and graduation, which will take longer.

Hold for current semester grades: _____YES _____NO

Which campus did you attend: _____Beaumont _____Institute of Technology

Note: Transcripts from Lamar State College of Port Arthur and Lamar State College of Orange must be ordered on respective campuses.

Social Security Number: _____ Date of Birth: ____/____/_____

Name: _____
Last First Middle Maiden

Address: _____
Street Address City State Zip

Telephone Number: _____

Approximate Dates of Attendance: From _____ to _____

Number of Copies: _____

Will transcript be: _____ Picked up

_____ Picked up by other (name) _____

_____ Mailed

Address if mailed:

_____
Name

_____
Street Address Apt #

_____
City State Zip

_____
Name

_____
Street Address Apt #

_____
City State Zip

Date: _____ Signature: _____