Lamar University

Request for Transcript

Hold for current semester grad	l es :Yes	No		
Student ID Number (if known):		Date of Birt	Date of Birth:/	
Name:				
Last	First	Middle	M	aiden
Address:				
Street Address		City	State	Zip
Telephone Number:	Em:	ail Address:		
Approximate Dates of Attendar	nce: From		То	
Number of Copies:	_			
Transcripts will be:	Picked up *see below			
	Picked up by other - nar	ne:		*see below
	Mailed (complete addre	ess section helow)		
 * must provide photo identifica		·		
Address if mailed:				
Street Address			Apt #	
City	State		Zip	
Name				
Street Address			Apt #	
City	State		Zip	
Date:Sign	ature:			
Note: Students may receive up	to 5 free official transcr	ipts per long semester		
Transcripts from Lamar State Colle	ge – Orange and Lamar St	tate College – Port Arthu	r must be ordere	ed on respective camp
Mail to: Transcript Prod	luction Copy (of your Photo Identific	ation must be	included with

PO Box 10010

Beaumont, TX 77710

Copy of your Photo Identification must be included with your Transcript Request.

Photo ID must also be provided when picking up transcripts.