

Verification Request Form

Studer	nt Infori	nation:						
Studer	nt ID:							
Name:	:							
Phone	: ()						
Email:								
Туре	of Verific	cation:						
	Enrollment: Semester(s)							
	Degree:		□Bachelor	□Master	□Doctoral			
	Anticip	Anticipated Graduation:						
	Non-attendance:							
	Other:							
Delive	ry Meth	od:						
	Pick up verification letter at Lamar University, Wimberly building, Room 112.							
	Mail verification letter to:							
		 Name						
		Name						
		Street Address						
		City			State	Zip		
☐ Email verification letter to:								
		Email Add						
		Liliali Aut						
		Email Add	Iress					
Student's Signature:						Date:		

Send completed request form to records@lamar.edu for processing.