



OFFICE OF ADMISSIONS AND RECORDS

Verification Request Form

Full Name: _____

Former Name(s): _____

Student ID (Optional): _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Type of Verification:

Enrollment: semester(s): _____

Non-attendance: _____

Other: _____

Delivery Method:

Pick up verification at LSCPA, Admission and Records office.

Mail verification letter to:

Name: _____

Street Address: _____

City, State, Zip: _____

Email verification letter to: _____

Signature

Date

Submit this completed form to Lamar State College Port Arthur Admissions Department by email to Transcripts@lamarpa.edu or In-Person at 3rd Floor, Student Center, Admissions & Records Department.