



Verification Request Form

Student ID: _____

Name: _____

Phone: (____) _____

Email: _____

Verified Semester(s): _____

**I will pick up the verification letter in person at Lamar University,
Wimberly building, room 112.**

Verification letters will be available the next business day, after receipt of this form.

Mail the verification letter to:

Name

Address

City, State

Zip Code

Student's Signature: _____ **Date:** _____

Please send your completed request form to records@lamar.edu for processing.