



Verification Request Form Eligibility to Graduate

Student ID: _____

Name: _____

Phone: (____) _____

Email: _____

I am requesting an Email _____ verifying my eligibility
to graduate on _____ sent to my employer.
Employer email
Date of Graduation

I am requesting a verification letter verifying my eligibility to graduate on
_____ sent to my employer.
Date of Graduation

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 grgraduation@Lamar.edu for processing.