

# OFFICIAL TRANSCRIPT REQUEST FORM

Lamar State College-Port Arthur

Records Office

PO Box 310

Port Arthur, TX 77641

Fax #: 409-984-6025

Mail or fax request

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All obligations to LSC-PA must be cleared before transcripts may be released. Transcript requests are processed and mailed free of charge within 1 to 2 days, and those sent to student will be designated "Issued to Student". During peak registration times, transcript requests may have a longer processing time. Official transcripts will be sent via US Postal Service, so please allow for mail delivery time to reach institution. **LSC-PA will not fax transcripts.** If you need transcripts sent to multiple addresses, please complete form for each one.

Please print and complete all information below for prompt processing:

**Mail transcript to:**

How many copies? \_\_\_\_\_

Name/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden/Other Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number where you can be reached: \_\_\_\_\_

Are you a current student? (circle) Yes No    Approximate last year attended: \_\_\_\_\_

Will anyone other than yourself be picking up your transcript in person with your permission to do so?

If so, list that person's name: \_\_\_\_\_ (we will ask for picture ID)

***I hereby give my consent to release my academic transcript as requested:***

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check Appropriate Line:**

Please mail transcript to the individual/institution as requested.

Hold transcript for final grades. Specify term: \_\_\_\_\_

Hold transcript for posting of degree. Graduation date: \_\_\_\_\_

----- OFFICE USE ONLY -----

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Special notes/Indicate any holds: \_\_\_\_\_