

Request for Official Lambuth Transcript Transcripts from Lambuth College and/or Lambuth University

Lambuth Student Records Request, 705 Lambuth Boulevard, Jackson, TN 38301

Phone: (731) 425-1988 / Fax: (731) 425-1916

Processing – Complete the *Student Information* and *Recipient Information* sections (print or type into the form), sign the form, and send it to the address above. Please allow up to 2 weeks to process your request(s).

Student Information:

| | | | |
|--|----------------------------|--------------|--|
| Name: | Last: _____ | First: _____ | Middle: _____ |
| Lambuth Student ID: | _____ | or | Last 4 Digits of SSN: XXX-XX- _____ |
| Contact Info: | Street Address: _____ | | |
| | City: _____ | State: _____ | Zip: _____ |
| | E-mail: _____ | | Ph: (____) ____ - _____ |
| Birth Date: | MM: ____ DD: ____ YY: ____ | | |
| List ALL Former Names: | _____ _____ | | |
| Date of Graduation or Last Year Attended: | _____ | | |

Recipient Information:

[#Copies]:

| | |
|--|--------|
| _____ _____ _____ _____ _____ | [____] |
| _____ | |
| _____ _____ _____ _____ _____ (Attach additional addresses if necessary.) | [____] |

Signature (Required): _____

Date: _____

For Office Use Only:

| | |
|---------------------|-------------|
| Processed by: _____ | Sent: _____ |
|---------------------|-------------|