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:								
Nar	ne:	Last:	_ First	:		Middle	:	
Lambuth Student ID: or Last 4 Digits of SSN: XXX-XX								
Cor	ntact Info:	Street Address:						
		City:		State:		Zip:		
		E-mail:			Ph: ()		
Birt	th Date:	MM:DD:YY:						
List ALL Former Names:								
Date of Graduation or Last Year Attended:								
Recipient Information: [#Copies]:								
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							LJ	
						т		
							[]	
								
(A	(Attach additional addresses if necessary.)							
V.	,							
Siç	gnature (Re	quired):	Date:					
	For Office !	loo Only						
Γ	FOR OTTICE U	Jse Only:						
	Processed I	oy:		Sent:				