



Diploma Request Form

Note: The name below will be printed exactly as it is written. Please ensure it is clearly written and correctly spelled.

Date: _____ Student ID or Date of Birth: _____

Full Legal Name (For Diploma): _____

Degree Awarded: _____

Term Awarded: _____

Do you want your diploma mailed to you? Yes No

Note: There will be an \$11 mailing fee added to your account in addition to the diploma fee if you select to have the diploma mailed.

If yes, to what address?

Address Line: _____

City: _____ State: _____ Zip: _____

By signing below I acknowledge that a diploma fee of \$15 will be applied to my Lamar State College - Port Arthur account and must be paid before I will receive my diploma. Fees must be paid through the Business Office either over the phone at (409) 984-6126, in person at 1501 Proctor St., Port Arthur, TX 77641 or online at my.lamarpa.edu -> My Services -> Student -> Student Payment Center.

I also acknowledge that this request and fee only applies towards one diploma and tube, any other diplomas will require a new request and fee to be paid.

Signature: _____

P.O. Box 310 | 1500 Proctor Street | Port Arthur, Texas 77641
409-984-6168