

## SCORE ATTESTATION REQUEST FORM

### ENTRANCE EXAMINATION

REQUEST DATE:

NAME OF APPLICANT:

First Name

Middle Name

Last Name

ID #:

### EXAM

EEE

ID #:

EXAM DATE:

SEE

ID #:

EXAM DATE:

FEE

ID #:

EXAM DATE:

STUDENT'S SIGNATURE:

*P.S: Please allow a minimum of 4 days for picking up the statement.*

*Request can be sent via e-mail to the following address: [testing.services@lau.edu.lb](mailto:testing.services@lau.edu.lb)*