

## SCORE ATTESTATION REQUEST FORM ENTRANCE EXAMINATION

**Applicant Information:**

**Request Date:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

LAU ID # \_\_\_\_\_

**Exam Type:**

EEE Exam Date: \_\_\_\_\_

FEE Exam Date: \_\_\_\_\_

SEE Exam Date: \_\_\_\_\_

*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)*

**Applicant Signature**