



**LYNN**  
UNIVERSITY

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**REVISED  
DIPLOMA  
DELIVERY**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(Required for international delivery)*

**If you are submitting this form by mail or by fax, you must send a copy of your driver's license, passport or Lynn ID to verify your identity.**

Please send my diploma to the address below:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address Line 1*

\_\_\_\_\_  
*Address Line 2*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip/Country*

Student Signature: \_\_\_\_\_  
*(electronic signature not accepted)*

Date: \_\_\_\_\_