



**LYNN**  
UNIVERSITY

OFFICE OF  
THE REGISTRAR

3601 N. Military Trail  
Boca Raton, FL 33431-5598  
Phone: 561-237-7303 Fax: 561-237-7171  
Email: [registrar@lynn.edu](mailto:registrar@lynn.edu)

## ENROLLMENT VERIFICATION

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Name

Lynn University Id #

Social Security # (Please provide number if required.)

Full or part time status. Please list the terms you would like included in this letter. \_\_\_\_\_

Other (please specify)

### A letter is not required.

Complete attached form

### Shipping Options:

Email Letter to: \_\_\_\_\_

Fax to the attention of: \_\_\_\_\_

Fax #: \_\_\_\_\_

*Please allow one to three business days for processing*

**Identifying Document:** Each request must be accompanied by a copy of one of the following photo IDs. Please fax a copy or email a photo of the ID using a smart phone. If faxing the request, please lighten the fax settings to ensure the ID is readable.

Check only one.

Driver's License

Lynn University ID

Passport

Student Signature: \_\_\_\_\_

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

*(electronic signature not accepted)*