



3601 N. Military Trail
Boca Raton, FL 33431-5598
Phone: 561-237-7303 Fax: 561-237-7171
Email: 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:

- I will pick up this letter
To be picked up by:
Email Letter to:
Mail 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)