



3601 N. Military Trail
Boca Raton, FL 33431-5598
Phone: 561-237-7811 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

Student Signature: Date:

(electronic signature not accepted)