

LINDENWOOD UNIVERSITY

ACADEMIC YEAR: **2010 - 2011**

Renewal for a Lindenwood University Mailbox

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Student ID Number: **A000** _____
7 Digit (ID card #)

Email Address: _____

Current Mailbox: _____

Projected Graduation: _____

By submitting this request I state I have read and understood the Lindenwood University mail policy contained in the student handbook and on the Mailroom page of the Lindenwood webpage.

Signature: _____ Date: _____