

LINDENWOOD UNIVERSITY
ACADEMIC YEAR: **2010 - 2011**
Request for a Lindenwood University Mailbox

Date: _____

PLEASE PRINT BELOW

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

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

When do you anticipate on graduating or transferring from Lindenwood University: _____

What is your status: _____ **Single** _____ **Married** _____ **Single-Parent** _____ **Married-Parents**

If you checked *Single-Parent, Married-Parent, or Married*, please list the name of everyone who will receive mail at this mailbox below:

Email: _____

Please Initial: _____ Yes, I would like a Mailbox

_____ No, I would not like a Mailbox

Signature: _____ **Date:** _____

Mailroom Mailbox Information

The Lindenwood Mailroom consists of Mailboxes and an envelope system, meaning that each student has their own mailbox.

_____ Mailbox _____ Your Mailbox Number: _____

209 S. Kingshighway
St. Charles, MO 63301

Mailbox Combination: _____

Left **Right** **Left**
Turn right while pulling to open

Mailroom Employee's Signature: _____ Date: _____

White-Spellmann Mailroom

Yellow-Student