

LINDENWOOD UNIVERSITY
ACADEMIC YEAR: **2009 - 2010**
Renewal for a Lindenwood University Mailbox

Date: _____

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

Student ID Number: _____
SSN #, 4-Digit International #, or 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.

Submit

Reset