

LINDENWOOD UNIVERSITY
ACADEMIC YEAR: **2009 - 2010**
Request 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: _____

Please Check One:

Gender: _____ Male _____ Female **Status:** _____ Undergrad _____ Grad

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:

Your mailbox number and combination will be emailed to the email above.

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