

3601 N. Military Trail Boca Raton, FL 33431-5598

Phone: 561-237-7303 Fax: 561-237-7171

Email: transcripts@lynn.edu

TRANSCRIPT REQUEST

Student Name:		Student ID#:	
Name at time of attendance if different the	nan above:		
Dates of attendance (approximate):	<u>-</u>		
Phone Number:	MM/YY	E-mail address:	
 Please check one only: Send current record, none of the opt Send After Grades mark term/semes 		lormal processing time is 1 to 3	business days.) Summer
	Fall	эрнид	Summer
☐ Send After Degree is conferred:			
	Fall	Spring	Summer
2. Number of copies of Official Transcripts Number of copies of Unofficial transcripts:			
3. To be picked up by:			
5. To be picked up by.			
4. Email to (please print an email address and the name of the recipient):			
5. Mail to:			
5. Ividii to.		_	
		_	
Express delivery is available thru FedEx af	ter processing.		
Please ship via FedEx (Note : FedEx select the transcript delivery fee o	'	es). The FedEx fee is payable at <u>v</u>	www.lynn.edu/emarket ,
6. Identification presented or faxed with i	request		
Check One: Driver's License:		: ☐ Passport: ☐	
(Please be sure to lighten the fa	x setting to ensure your ID	is readable)	
7. Student Signature:		Date:	
Important information on transcript poli	cies:		
a) Transcripts will not be emailed			
· · · · · · · · · · · · · · · · · · ·		office obligations or registrar ho	
c) Transcripts are issued at the rec			anscripts will not be released
to a third party without the writed d) Official Transcripts of credits ea		i. are not available for distribution	hy Lynn University
The Lynn University Office of Developmen			
In lieu of a fee for your transcript, p	lease consider making a dona		
You may use the bottom of this form to make			
Alumni Class Of: M My gift of \$ is enclosed (F		— Lynn University) or for credit card do	onations please call Gerry Bald
at 561-237-7875 or visit website at: www.lynn.edu/supportlynn . Thank you			