LYNN UNIVERSITY | OFFICE OF THE REGISTRAR

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 than above: _____

Dates of attendance (approximate): _____ - _____
MM/YY

Phone Number: _____ E-mail address: _____

1. Please check one only:

☐ **Send current record**, none of the options below apply. (Note: Normal processing time is 1 to 3 business days.)

☐ **Send After Grades** mark term/semester: _____ Fall _____ Spring _____ 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: _____

4. Email to (please **print** an email address and the name of the recipient):_____

_____

5. Mail to: _____

_____

Express delivery is available thru FedEx after processing.

☐ Please ship via FedEx (**Note**: FedEx does not ship to P.O. Boxes). The FedEx fee is payable at www.lynn.edu/emarket , select the **transcript delivery fee** option.

6. Identification presented or faxed with request.

Check One: Driver's License: ☐ Lynn University ID: ☐ Passport: ☐

(Please be sure to lighten the fax setting to ensure your ID is readable)

7. Student Signature: _____ Date: _____

Important information on transcript policies:

a) Transcripts will not be emailed or faxed.
b) Transcripts will not be released to students with business office obligations or registrar holds.
c) Transcripts are issued at the request of the student with his/her authorized signature. Transcripts will not be released to a third party without the written consent of the student.
d) Official Transcripts of credits earned at other institutions are not available for distribution by Lynn University.

The Lynn University Office of Development and Alumni Affairs has waived the customary transcript fee.

In lieu of a fee for your transcript, please consider making a donation to Lynn's Annual Fund.

You may use the bottom of this form to make your donation.

Alumni Class Of : _____ Major: _____

My gift of $ _____ is enclosed (Please make check payable to Lynn University) or for credit card donations please call Gerry Bald at 561-237-7875 or visit website at: www.lynn.edu/supportlynn. Thank you