Change of Address Form
Registrar’s Department
St. Matthew’s University
12124 High Tech Avenue
Suite 350
Orlando, FL 32817

Print this form, complete requested information, and return to SMU at the address or fax number listed at the bottom of this form.

PLEASE TYPE OR PRINT

Last Name: ________________________ First Name: _________________________ MI: ____

Student I.D. Number: ________________ Social Security Number: ______________________

Please indicate which address you wish to change (check all that apply):

☐ Mailing Address: SMU will send all correspondence to this address.
☐ Permanent Address: If different from your mailing address.
☐ Diploma Mailing Address: Graduating students only.

New Address:
Street: ______________________________________________________________________
City: ________________________________________________________________________
State/Province: _______________________________________________________________
Postal Code: _________________________________________________________________
Country: _____________________________________________________________________

Student Signature: ___________________________ Date: _________________________

Return this form to:
Office of the Registrar
St. Matthew’s University
12124 High Tech Ave., Suite 350
Orlando, FL 32817
Fax: 800.565.7177 / 407.488.1702
If you have any questions, please call 800.498.9700 / 407.488.1700 or email: registrar@stmatthews.edu

REV. 2.2012