



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