



## Change of Address Form Registrar's Department

St. Matthew's University  
11486 Corporate Blvd.  
Suite 120  
Orlando, FL 32817

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

### ***PLEASE TYPE OR PRINT***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student I.D. 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  
11486 Corporate Blvd. Orlando, FL 32817*

*If you have any questions, please call 407.488.1718 / 407.488.1717 or email: registrar@stmatthews.edu*