Enrollment Verification Request
Registrar's Department

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

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

1. By submitting the completed form this authorizes St. Matthew's University to release information for the purpose as specified below and to the individual and/or agency specified below.

2. There is no fee for this request however requests are not processed until accounts with the University are paid.

3. All requests are processed in the order they are received. Please allow 7-10 business days for processing.

Last name _____ First Name _____ Middle _____

Street Address _____

City/State/Zip/Country _____

Phone #_____ Student I.D. Number _____

Email Address _____

SIGNATURE _____

ENROLLMENT VERIFICATION FOR THE FOLLOWING PURPOSE:

Health Insurance
Loan Deferment
Jury Duty
Other - please specify _____

PLEASE SELECT ONLY ONE:
_____ E-Mail to _____
_____ Mail to Name/Company _____

        Mailing Address _____

        City/State/Zip/Country_____

PLEASE SUBMIT COMPLETED FORM TO:
St. Matthew's University 11486 Corporate Blvd., Suite 120, Orlando, FL 32817
Phone – 407-488-1718 / 407-488-1717
Email – registrar@stmatthews.edu

FOR OFFICIAL USE ONLY:
Form Received Date: _____
Items prepared and sent as requested: _____
Date Processed: _____

REV. 7/2023