



## Enrollment Verification Request Registrar's Department

St. Matthew's University  
12124 High Tech Avenue  
Suite 350  
Orlando, FL 32817

Print form, complete requested information, and return to SMU at the address, email or fax number 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 \_\_\_\_\_

\_\_\_\_\_ Fax to \_\_\_\_\_

\_\_\_\_\_ Mail to Name/Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip/Country \_\_\_\_\_

### PLEASE SUBMIT COMPLETED FORM TO:

St. Matthew's University 12124 High Tech Ave., Suite 350, Orlando, FL 32817  
Phone – 800-498-9700 / 407-488-1700 Fax – 800-565-7177 / 407-488-1743  
Email – [registrar@stmatthews.edu](mailto:registrar@stmatthews.edu)

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### FOR OFFICIAL USE ONLY:

Form Received Date: \_\_\_\_\_

Items prepared and sent as requested: \_\_\_\_\_

Date Processed: \_\_\_\_\_