FLORIDA MEMORIAL UNIVERSITY
A PROMISE. A FUTURE.

OFFICE OF THE REGISTRAR

FLORIDA MEMORIAL UNIVERSITY
Student Services Building Room #139
15800 N.W. 42nd Avenue
Miami Gardens, Florida 33054
E-mail: fmuregistrar@fmuniv.edu
Phone: (305) 626-3752-4

REQUEST FOR CHANGE OF ADDRESS

STUDENT NAME: _____
LAST FIRST MIDDLE

STUDENT E-MAIL: _____

STUDENT ID NUMBER: _____

DAY TIME PHONE NUMBER: _____

EVENING PHONE NUMBER: _____

NEW ADDRESS: _____
STREET OR P.O. BOX NUMBER

_____
ADDRESS LINE 2 (Apartment, Suite #)

_____ _____ _____
CITY STATE ZIP CODE

FORMER ADDRESS: _____
STREET OR P.O. BOX NUMBER

_____
APARTMENT

_____ _____ _____
CITY STATE ZIPCODE

Address change is for ☐local address ☐permanent address

Student's Signature _____ Date _____

To be completed only by Office of the Registrar Personnel

Registrar's Office Operator Signature _____
Date : _____

Revised 08/2020