



SIMMONS COLLEGE  
Office of the Registrar  
300 The Fenway, Boston, MA 02115  
Tel 617.521.2111 Fax 617.521.3144  
**CHANGE OF NAME\* /ADDRESS**

\*Name change must be must be accompanied by legal documentation

***Name change:***

New Name: \_\_\_\_\_ Simmons ID #: \_\_\_\_\_

Former Name: \_\_\_\_\_

Academic Level [Check (✓) appropriate box]

Undergraduate School of Arts and Sciences

Graduate School

\_\_\_\_\_  
Student's Signature Date

***Address change:***

*You can also update your address online at [aarc.simmons.edu](http://aarc.simmons.edu). After logging in select 'Personal Address Management'.*

**MAILING ADDRESS**

OLD	NEW
Student's Name (Last, First, Middle Initial)	Student's Name (Last, First, Middle Initial)
Street, Apt. No.	Street, Apt. No.
City, State, Zip Code	City, State, Zip Code
Country (if outside U.S.A.)	Country (if out U.S.A.)
Telephone Number	Telephone Number

**PREFERRED RESIDENCE** ↑ Same as Mailing

OLD	NEW
Student's Name (Last, First, Middle Initial)	Student's Name (Last, First, Middle Initial)
Street, Apt. No.	Street, Apt. No.
City, State, Zip Code	City, State, Zip Code
Country (if outside U.S.A.)	Country (if outside U.S.A.)
Telephone Number	Telephone Number

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_