



**SIMMONS COLLEGE**  
**Office of the Registrar**  
300 The Fenway, Boston, MA 02115  
Tel 617.521.2111 Fax 617.521.3144  
**VERIFICATION REQUEST FORM**

Current Name: \_\_\_\_\_

Name During Attendance: \_\_\_\_\_

Simmons ID # or Social Security #: \_\_\_\_\_

Approximate Dates of Attendance: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Degree Earned (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Verification TYPE:**

TYPE OF REQUEST	DESCRIPTION	# OF COPIES
Enrollment Verification	An Enrollment Verification is for current students to show the number of credits registered for each semester and the corresponding status, as designated by number of credits. This form also lists the anticipated graduation date and anticipated degree to be earned.	
Degree Verification	A Degree Verification is used to show that a student graduated from Simmons College and lists the conferral date and the type of degree earned.	

**Method of Obtaining Verification:**

Pick Up (Please note that we will only hold the item for 3 months. We will only release the item upon presentation of a photo ID.)

Send out (if sending out, fill in information below).

**If Sending Verification:** Provide mailing address **(FILL OUT ONE FORM PER ADDRESS)**

**To Mail:**

Name of Recipient	
Street	
City, State, Zip	

**To Email or Fax:**

Email or Fax	
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Signature: \_\_\_\_\_

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