SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144
registrar@simmons.edu

CHANGE OF NAME/ADDRESS

Name change must be must be accompanied by legal documentation

Current Name: _____

Simmons ID # or Social Security #: _____ Date of Birth: _____/_____/_____

E-mail Address: _____ Daytime Phone: _____

Student Type:

☐ Graduate Student ☐ Undergraduate, Class Year: _____

☐ Former Student: Please contact Alumnae Relations for Name and Address Changes

Name change:

☐ Former Student: Contact Alumnae Relations to change your name.

☐ For current students: please complete this form and attach ***legal documentation***, such as a driver's license, passport, marriage license, etc.

New Name: _____
first *middle* *last*

Address change:

☐ Former Student: Contact Alumnae Relations to change your address.

☐ For current students: you can also update your address online at connection.simmons.edu. After logging in to AARC, select 'Manage Contact/Emergency Info.'

NEW:

_____
Street, Apt. No.

_____
City, State, Zip Code

_____
Country (if outside U.S.A.)

Student Signature: _____ **Date:** _____

OFFICE USE ONLY: Processed by: _____ Date: ___