

Office of the Registrar **SIMMONS COLLEGE**  
Name AND/OR Address Change Form

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

Student ID #/ Social Security #: \_\_\_\_\_

Undergraduate: \_\_\_ Graduate: \_\_\_

Name Change: \_\_\_ Due to Marriage: Y or N (if yes, please attach **marriage license or driver's license**)

**AND/OR**

Address Change:

Please change my local \_\_\_ or permanent/billing \_\_\_ address:

CHANGE FROM:

CHANGE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Signature: \_\_\_\_\_

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