



# Touro College

Office of the Registrar 27-33 West 23<sup>rd</sup> Street New York, NY, 10010

Tel: (212) 463-0400 x5501 Fax: (212) 627-9542

## Change of Address Notification

Please Print

Name \_\_\_\_\_  
First Last Middle/Maiden

Touro Student I.D. # \_\_\_\_\_

Social Security # \_\_\_\_\_

I attend classes in the following program: (Check one) My extension is \_\_\_\_\_ (ex: Midtown)

- |   |  |
|---|--|
| <input type="checkbox"/> College of Liberal Arts & Sciences | <input type="checkbox"/> School of Career and Applied Studies        |
| <input type="checkbox"/> School of General Studies          | <input type="checkbox"/> Graduate School of Business                 |
| <input type="checkbox"/> Graduate School of Judaic Studies  | <input type="checkbox"/> Graduate School of Education and Psychology |
| <input type="checkbox"/> School of Health Sciences          | <input type="checkbox"/> Touro Computer Center                       |

First Attendance at Touro: Year \_\_\_\_\_ Semester/Month \_\_\_\_\_

Old Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Old Telephone #: (Day) ( ) \_\_\_\_\_ (Evening) ( ) \_\_\_\_\_

New Address: Permanent \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local/Mailing \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Telephone # (Day) ( ) \_\_\_\_\_ (Evening) ( ) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

**Entered By:** \_\_\_\_\_

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