



**TOURO COLLEGE
OFFICE OF THE REGISTRAR
CHANGE OF ADDRESS REQUEST**

27 WEST 23RD STREET, NEW YORK, NY 10010 | FAX: 212.463.9259

PLEASE PRINT

Name _____		
<i>First</i>	<i>Last</i>	<i>Middle (complete)</i>
Touro I.D. # _____	Social Security Number _____ - _____ - _____	

First Attendance at Touro:

Year _____ Semester/Month _____

I attend classes in the following program: (CHECK ONE)

- | | |
|--|--|
| <input type="checkbox"/> Lander Colleges (Liberal Arts & Sciences) | <input type="checkbox"/> School of Career & Applied Studies |
| <input type="checkbox"/> School of General Studies | <input type="checkbox"/> Graduate School of Education & Psychology |
| <input type="checkbox"/> Graduate School of Judaic Studies | <input type="checkbox"/> School of Health Sciences |
| <input type="checkbox"/> Touro Computer Center | <input type="checkbox"/> Other _____ |

Old Mailing Address

Number and Street _____	Apartment # _____	City _____
State _____	Zip/Postal Code _____	Country _____
Day Phone (_____) _____		
Evening phone (_____) _____		

New Mailing Address

Number and Street _____	Apartment # _____	City _____
State _____	Zip/Postal Code _____	Country _____
New Day Phone (_____) _____		
New Evening phone (_____) _____		

 _____ / / _____
Student Signature Date

FOR OFFICE USE ONLY	
ENTERED BY: _____	DATE: _____ / _____ / _____