



# TOURO COLLEGE

Office of the Registrar 27-33 West 23rd Street New York NY 10010

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

## Change of Name Notification

PLEASE PRINT

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

Current Address: \_\_\_\_\_

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

Telephone No. (Day)( ) \_\_\_\_\_ (Evening)( ) \_\_\_\_\_

Type of Supporting Document: (Please enclose an original copy of document)

\_\_\_ Marriage Certificate

\_\_\_ Other - indicate type: \_\_\_\_\_

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

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

Old Name: \_\_\_\_\_  
*First Last Middle/Maiden*

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

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Entered by: \_\_\_\_\_

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