Touro College of Pharmacy

2090 Adam Clayton Powell Blvd New York, NY 10027
Telephone: (212) 851-2587 Fax: (212) 851-1183

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)
❑School of Pharmacy
❑Other_____

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: _____ esms1/05