



Touro College - Office of the Registrar
2090 Adam Clayton Powell Jr. Blvd., New York, NY 10027

Change of Social Security Number Request

PLEASE BRING THIS FORM TOGETHER WITH BOTH ORIGINAL SOCIAL SECURITY CARDS (SHOWING OLD AND NEW NUMBERS) TO THE OFFICE OF THE REGISTRAR AT THE ABOVE ADDRESS.

TO BE COMPLETED BY THE STUDENT:

Name (Please PRINT) Last First Middle/Maiden

Touro ID# Telephone# E-Mail:

By completing this form, I am requesting that the Social Security number on my Touro College record be changed as follow:

Active Social Security number to new, correct Social Security number:

The reason for the Social Security number change:

INDEMNIFICATION: By executing and submitting this request the undersigned irrevocably agrees to defend, indemnify and hold Touro College harmless from all claims, demands and/or liabilities arising out of or related to this request.

Student's Signature Date:

NOTARY PUBLIC (required):

STATE OF COUNTY OF ) ) S.S.

Subscribed and sworn to before me this day of 201 SEAL/STAMP

Notary Public Signature

TO BE COMPLETED BY THE REGISTRAR:

RECEIVED BY DATE PROCESSED BY DATE