



# TOURO COLLEGE

## TOURO COLLEGE OF PHARMACY- Office of the Registrar

2090 Adam Clayton Powell Jr. Blvd, Suite 519H New York, NY 10027 Fax:212-851-1183

### 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)**

#### **TO BE COMPLETED BY THE STUDENT:**

Name (Please PRINT) \_\_\_\_\_

Touro ID# \_\_\_\_\_ Telephone# \_\_\_\_\_ Email \_\_\_\_\_

*Last*

*First*

*Middle/Maiden*

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

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. I understand that I will still be obligated for undertakings or sums attributable to my former social security number and I am not making this request to avoid support, obligations, taxers, levies, liens, judgements, proceedings or affect or interfere with the Financial Aid process or limits.

#### **READ, UNDERSTOOD & AGREED:**

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

#### **NOTARY PUBLIC (required)**

STATE OF \_\_\_\_\_ )  
 ) S.S.  
COUNTY OF \_\_\_\_\_ )

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 \_\_\_\_\_