



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 Address Form

Please Print

Please note that all change of address can be completed on the portal via your student portal account.

Class Year _____

Last Name _____ First Name _____ Middle _____

Student ID # _____

Phone Number _____ Student email address _____

Old address:

Street _____ Apt # _____

City _____ State _____ Zip code _____

New Address:

Street _____ Apt # _____

City _____ State _____ Zip code _____

Student Signature _____

Date _____

For Office use only

Entered by _____

Date _____