



TOURO COLLEGE

TOURO COLLEGE OF OSTEOPATHIC MEDICINE - Office of the Registrar

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60 Prospect Ave, Middletown, NY 10940 Fax: (845)-648-1018

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 _____

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 _____

