



TOURO COLLEGE

TOURO COLLEGE OF OSTEOPATHIC MEDICINE - Office of the Registrar

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Change of Address Form

Please Print

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

Last Name _____ First Name _____ Middle _____

Student ID # _____

Phone Number _____ Student email address _____

Class Year _____

I attend classes in the following program. Please select one.

College of Osteopathic Medicine

Master Program

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 _____