



HEBREW THEOLOGICAL COLLEGE

A Member of Touro University

CHANGE OF ADDRESS NOTIFICATION

Submit or mail to: Office of the Registrar, 7135 N Carpenter Road, Skokie, IL 60077

PLEASE PRINT

NAME: _____

TOURO ID#: _____

SOCIAL SECURITY #: _____ - _____ - _____

I attend classes in: Program: _____ Extension: _____

First Attendance at Touro: **YEAR** _____ **SEMESTER / MONTH** _____

OLD ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

OLD TELEPHONE#: (_____) _____ - _____

NEW ADDRESS: (Permanent) _____

CITY _____ STATE _____ ZIP CODE _____

LOCAL/MAILING: _____

CITY _____ STATE _____ ZIP CODE _____

NEW TELEPHONE#: (_____) _____ - _____

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY:

ENTERED BY _____ DATE _____