



# HEBREW THEOLOGICAL COLLEGE

A MEMBER OF TOURO UNIVERSITY

## Office of the Registrar

7135 N Carpenter Road, Skokie, IL 60077 Tel: (847) 982-2500 Fax: (847) 745-0200

### CHANGE OF NAME REQUEST

\_\_\_\_\_  
Former Name of Student (Last, First Middle Initial)

\_\_\_\_\_  
Touro College ID#

\_\_\_\_\_  
Phone Number

By completing this form, I am requesting that the name under which my student records are maintained be modified to reflect my name as:

\_\_\_\_\_  
(PRINT NEW NAME)

New Email address – if any: \_\_\_\_\_

#### Check Appropriate Box:

- ☐ This request is made as a result of marriage (submit copy of marriage certificate).  
☐ This request is made as a result of a legal name change (submit copy of Court Order).  
☐ Other [Detail] \_\_\_\_\_

#### Representations and Indemnity:

In consideration of the College amending its records, I hereby covenant to indemnify and forever keep indemnified Touro College and its agents from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be brought against them by reason of compliance with this request. It is my responsibility to notify the Offices of the Bursar and Financial Aid of the pending change.

I acknowledge that these instructions supersede and have priority over all previous instructions in respect to my name.

Please note that once your name has been changed, as requested above, you may not use your previous name, nor will you be able to resume your previous name without proper legal documents.

Please return this form to the Office of the Registrar, in person or by mail. **With this request you must present a state issued photo ID card with the new name. If you received Financial Aid or plan to apply for it in the future, you must also present a new Social Security card showing the new name.** Requests received via mail must be confirmed by the Registrar. Due to stringent security concerns, requests submitted via electronic mail will not be processed.

#### READ, UNDERSTOOD & AGREED:

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

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

For Office Use Only

<input type="checkbox"/> State Issued Photo ID	<input type="checkbox"/> Social Security Card (when required)	<input type="checkbox"/> Financial Aid/Compliance
<input type="checkbox"/> Bursar	<input type="checkbox"/> Registrar	By: _____ Date: _____