



HEBREW THEOLOGICAL COLLEGE

A MEMBER OF TOURO UNIVERSITY

Hebrew Theological College - Office of the Registrar

7135 N Carpenter Road, Skokie, IL 60077

Social Security Number Submission Form

PLEASE BRING THIS FORM WITH ORIGINAL SOCIAL SECURITY CARD TO THE OFFICE OF THE REGISTRAR AT THE ABOVE LISTED ADDRESS.

TO BE COMPLETED BY THE STUDENT:

Name (Please PRINT) _____

Touro ID# _____ Telephone# _____ Email _____

Last

First

Middle/Maiden

BY COMPLETING THIS FORM, I AM ACKNOWLEDGING THAT THE SOCIAL SECURITY NUMBER PROVIDED BELOW IS CORRECT AND SHOULD BE RECORDED ON MY STUDENT RECORD AS FOLLOWS:

Active Social Security number _____ - _____ - _____.

Reason for originally omitting Social Security number:

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 (If the form is being submitted via mail, Notary Public signature is required on the form and on the copy of Social Security Card)

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

Each respective Registrar must make a copy of original Social Security Card, Notate that it is a "True Copy of Original", Sign and Date it to place in student file along with completed form

RECEIVED BY _____ DATE _____ PROCESSED BY _____ DATE _____