



TOURO UNIVERSITY WORLDWIDE

Request for Name/Address Change

Name Change

_____	_____	_____	_____
Current Last Name	Current First Name	MI	Student ID#
_____	_____		
Phone number	Email Address		
_____	_____	_____	
New Last Name	New First Name	MI	

Address Change

Permanent

Current

Mailing

Effective Date Change: _____

Street Address, Apt #

Street Address, Apt #

City State Zip Code Country (if applicable)

Please provide copy of documentation (driver's license, social security card, marriage license or court order) to support your request for name change.

Student Signature

Date