

## SOCIAL SECURITY NUMBER CHANGE REQUEST FORM

Office of the Registrar ● 1310 Club Drive ● Vallejo, CA 94592 ● phone: 707-638-5984 ● fax: 707-638-5267 ● email: tucaregistrar@tu.edu ● website: http://tu.edu

Student Information  Academic Program:		
DO MSMHS-COM Pharmacy MSMHS-COP Education Joint MSPAS/MPH Public Health Nursing		
Name	Class of Student	
Phone Number Email A	Address	(required)
You must present both original social security cards (showing old and new numbers) to the Office of the Registrar.		
By completing this form, I am requesting that the social security number in my Touro University California record be changed as follows:		
Active Social Security Number to r	new, correct Social Security Number	
Reason for the social security number change:		
INDEMNIFICATION: By executing and submitting this request the undersigned irrevocably agrees to defend, indemnify and hold Touro University California 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, taxes, levies, liens, judgments, proceedings or affect or interfere with the Financial Aid process or limits.  Student Signature  Date		
I understand that I will still be obligated for undertakings or su not making this request to avoid support, obligations, taxes, le the Financial Aid process or limits.	ms attributable to my former social s vies, liens, judgments, proceedings o	security number and I am or affect or interfere with
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