

**CHANGE OF ADDRESS FORM**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Touro Law Center ID#: \_\_\_\_\_ Division: Year: 1 2 3 4 F/T – P/T LL.M.

Effective Date of Address Change: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Mailing Address:** (Address to which all mail, including bills, will be sent)

\_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Phone) (Cell Phone)

\_\_\_\_\_  
(E-Mail Address)

**Local Address:** (Alternate address for file purposes only. No Mail will be sent to this address unless it is also listed as the Permanent/Mailing Address)

\_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Phone)

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ACTION BY REGISTRAR'S OFFICE:

Request Processed By: \_\_\_\_\_ Date: \_\_\_\_\_