



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 Pharmacy MSMHS-PS Education Joint MSPAS/MPH Public Health

Name _____ Class of _____ Student ID# _____
Provide your previous legal name as it appears on your record (required)

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

This form must be submitted 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 receive 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.

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

Last Name, First Name Middle Name OR Initial

Check the appropriate box

- This request is made as a result of marriage (submit original marriage certificate)
- This request is made as a result of a legal name change (submit original Court Order)
- Other (please specify) _____

Original documents will be returned to the student once a photocopy has been made by the Office of the Registrar. If a request is submitted by mail, the original documents will be returned to the student by certified mail.

Representations and Indemnity

In consideration of the University amending its records, I hereby covenant to indemnify and forever keep indemnified Touro University California and its agents from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs and expenses whatsoever which may be made or brought against them by reason of compliance with this request.

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.

I authorize Touro University California to process the indicated change to my student record.

Student Signature _____ Date _____

For Office Use Only:

Date Received _____ Date Completed _____ Processed By _____

Documentation Provided: State Issued Photo ID Social Security Card Marriage Certificate Court Order Other

Information Updated in: CMDS Student Directory Class Roster Personal File

Information Released to: Program Student Services Bursar Financial Aid Student Health Facilities Library IT