



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: [tucaregistrar@tu.edu](mailto: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 ID# \_\_\_\_\_  
(required)

Changes made using this form will update your contact information with the Registrar, Bursar and Financial Aid Offices\*. Requests will be processed within 7 to 10 business days, longer during peak periods.  
**\*NOTE: To change your mailing address for Work Study Checks, you must contact the Financial Aid Office directly.\***

Please update the following contact information:

**LOCAL ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PERMANENT ADDRESS**

CHECK HERE IF YOUR PERMANENT ADDRESS IS THE SAME AS YOUR LOCAL.

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PREFERRED MAILING ADDRESS**

*(Mail will be sent to your local address unless you indicate otherwise.)*

Please send my mail to:  my permanent address  my local address

**PHONE NUMBER**

Please indicate:  Cell Phone or  Home Phone

( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

**PERSONAL EMAIL ADDRESS**

\_\_\_\_\_

I authorize Touro University California to process the changes to my student record as indicated above.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For Office Use Only:**

Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Processed By \_\_\_\_\_

Information Updated:  CMDS  Student Directory  Health Insurance