

## **Name Change Request Form**

☐ Misspelled name on	your credential**		
Cert id #/last 4 digits of SSN:	Examine	ee Name:	
NAME:			
Incorrect/Previous spelling of	your name:		
First:	Last:		Middle:
Correct/New spelling of your r	name:		
First:	Last:		Middle:
ADDRESS:			
Address:		City:	State:
Zip Code:	Phone Number:		
CERTIFICATION:		_	
Which certification was affected	ed by the wrong spelling of	your name?	
Date of exam:	_ Session number:	City:	
Signature & Date ( <i>required</i> ) _			
* For a legal name change, plea If you would like replacement			_
** For a misspelled name on a corrected.	credential, exam results/cre	dentials will be re-mailed a	after our error has been