

PERSONAL INFORMATION REVISION FORM

Name:										
	Last Name				First Na	First Name				
Date of Birth:	Month:			Day:		Year:		File Number:		
Corrections:	To correct information about your personal information (name, date of birth, or country of birth) that is displayed incorrectly on our database, use the first column to indicate the information that requires update, and the following column(s) to show the existing information and corrected/updated information. NOTE: Please only submit this form if a mistake was made at time of application. If the name on your file is the name used on your academic or licensure documents, you should NOT submit this form.									
Information Requiring Update (i.e. Name - First, Middle, or Last; Country or Date of Birth):			Existing Information				Correct Information			Evidence Provided* (i.e. Passport, Government ID Card, Birth Certificate)
You MUST include a notarized copy of a legal document with this form as evidence of your personal information. Acceptable documents include a birth certificate, passport, or other official identification document.										
This form will not be processed without your signature.										
SIGNATURE OF APP	LICANT						DATE			

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