NATIONAL BOARD OF EXAMINERS IN OPTOMETRY®

NAME CHANGE REQUEST FORM

1. Fill out the information below.
2. You **must** include a copy of supporting documentation (ex. Updated Driver's license,Updated State ID, Updated Passport, Marriage License or Divorce Decree).
3. Please email your form with documentation to NBEO: nbeo@optometry.org

CURRENT INFORMATION

OE TRACKER NUMBER:

NAME:

LAST NAME **FIRST NAME** **MIDDLE NAME**

NEW LEGAL NAME

NEW LEGAL NAME:

LAST NAME **FIRST NAME** **MIDDLE NAME**

In case NBEO needs to contact you in reference to this form please provide your daytime phone number in the space below.

I hereby request that my official name be changed in my NBEO account.

Signature:

Date: