



Name Change Request Form

In order to ensure an accurate representation of those individuals currently certified with the Academy of Clinical Research Professionals (the Academy), we require that the following documentation be supplied to complete an individual's name change in our records:

- Copy of an official court document ordering the name change.
*This includes: marriage certificate, divorce decree, or court order for a name change.
This document does not need to be notarized.*
AND
- A copy of a government-issued ID (i.e. driver's license) showing either the old name or new name

Upon receiving this documentation, the name will be updated in the database. An updated certificate will ONLY be sent upon request.

Check all that apply:

- I would like a new copy of my certificate **mailed** to me (\$25 fee)
- I would like a new electronic copy of my certificate **emailed** to me (no charge)
- Please only change my name in the ACRP records. I do not need a new certificate at this time.

By submitting this Name Change Request Form and documentation, I acknowledge and affirm that the information I have provided herein is true and correct to the best of my knowledge.

Former Certificant Name (printed): _____

New Certificant Name (printed): _____

Certificant Signature: _____ **Date:** _____