

Name Correction Form

■ PLEASE PRINT CLEARLY

■ Fax completed form to: (866) 665-9570 toll free or (312) 583-9853 local direct. Email to courseadminfax@restaurant.org

■ Note: Incomplete and unsigned forms will not be processed

■ To verify the form has been received text or call (800) 765-2122 toll free

The intended use of this form is to correct an Examinee's name in the event that the name was spelled incorrectly on an answer sheet or if a legal name change has occurred after the exam date. **Providing false information when submitting this Name Correction Form is subject to prosecution to the full extent of the law.**

EXAMINEE COMPLETES THE FOLLOWING SECTION

Please allow 2-3 business days to process your request

- Misspelled Record:** Please attach a copy of a state issued identification (Driver's license, State ID or Passport) to support the name correction.
- Legal Name Change:** Please attach legal documentation (Example: Marriage license or Certified court order) to support the name change.

Current Name on Exam Record

First Name	Middle Initial	Last Name
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Print Name Correction Here

First Name	Middle Initial	Last Name
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Web User ID	Person ID Number
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Email Address

Phone Number

I understand that by signing this form that I am confirming that I sat for this Exam Session Number _____ and am requesting my name to be changed.

Signature

Date