

ACADEMY OF NUTRITION AND DIETETICS COMMISSION ON DIETETIC REGISTRATION

120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995
800/877-1600, Ext 5500 (CDR), Ext 5000 (Academy)

Name/Address Change Form

*All name changes **MUST** be submitted with legal documentation via mail to the Academy or CDR. Documentation must include the original legal document (marriage license/certificate, divorce decree or court order) showing the name change. A notarized copy of the original document will also be accepted.*

This completed form must accompany all name/address changes. ALL FIELDS REQUIRED - PLEASE PRINT

Academy Membership/Registration Identification Number: _____

Current Database Name/Address:

Last Name (Please Print) First Middle Name

Address City State Zip

Email Address Primary Telephone Number

NEW DATABASE INFORMATION:

Last Name (Please Print) First Middle Name

Address City State Zip Code

Email Address

Maiden Name Previous Name(s)

Date of Birth (MM/DD/YYYY): _____ **REQUIRED**

Mother's Maiden Name: _____ **REQUIRED**

Primary Telephone Number Type (Home, Office, Cell)

Additional Telephone Number Type (Home, Office, Cell)

SIGNATURE **DATE**

Do you wish for your documentation to be returned to you? Yes No

*Documentation will be returned by First-Class Mail within four weeks of processing.
The Academy/CDR is not responsible for any lost or misdirected return mail.*