

Name Change Request

Directions

- This form should be used only for CLEP test takers who require changes to the spelling of their name.
- Due to system limitations, first names longer than 12 letters and last names longer than 15 letters, including suffix or hyphen, will be shortened. This does not impact the test taker's record in any way.
- If the name change is significant (i.e., more than just a mistyped letter or changing a nickname to the full name), you must submit a valid photograph with the student's name and at least one of the following forms of identification:
 - Government Issued ID (Military Identification Card, Passport, Driver's License, Social 0 Security Card)
 - School Identification Card
 - Birth Certificate or Court Order of Legal Name Change 0
- Complete, sign, and fax this form along with identification documentation (if required) to the College Board's CLEP Services at 610-628-3726, or email as an attachment to clep@info.collegeboard.org.
- Please allow 2 to 3 business days for the processing of name change requests. •
- Incomplete forms may delay your request. •

Student Information

Registration Ticket #:		_Date of Birth:	/	/	Gender: Male / Female
Address: number, street ar	nd apartment				
City	State/Province		Zip	C	ountry
Previous Last Name: _		_Previous First Na	ame:		Previous Middle Initial:
New Last Name:		New First Name:			New Middle Initial:
CLEP Test Taker Signa	ture				

By providing my signature below, I authorize the College Board to update the student's name on his/her account. I also attest that all the information provided on this form is true and accurate.

CLEP Test Taker Signature (required): _____ Date: _____