

E-Learning Name Change Request Form



This form must be completed by individuals **requesting a name change in their e-learning account**. Contact, Liz Koch at 1-800-FOR-DANB ext. 414 with any questions. Fax this form and required documentation to DANB at 312-642-8507 or mail to:

DANB
E-Learning Dept.
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Requesting a Name Change

Please complete all information.

Current Name _____

Previous Name _____

Address _____ City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____

Email _____

Signature _____ Date _____

Acceptable Documentation for Name Change

Acceptable forms of documentation include:

- Marriage Certificate
- Divorce Certificate
- Court documents identifying current and previous name

DANB's Policy on Name Change

Once you have successfully submitted this form and required documentation, you will receive an e-mail confirming DANB has received your request. Once you have received confirmation, you will be able to log into your e-learning account and reprint your Certificate of Completion. If you have any questions or need assistance please contact Liz Koch at 1-800-FOR-DANB x414 or lkoch@danb.org.