

**Dental Assisting National Board, Inc. (DANB)**

***Name Change Request***

This form will be accepted through Dec. 31, 2019.

Contact DANB with any questions at 1-800-367-3262.



Measuring Dental Assisting Excellence®

Submit this form to:  
DANB

Attn: Document Review  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611  
Fax: 1-312-642-3550

**Policy**

In order to change a name on file with DANB, this completed form and acceptable documentation must be submitted to DANB. Please allow 2-3 business days for a name change request to be processed. Once a request with appropriate documentation has been processed, an email confirmation will be sent to the email address on file.

**Name Change Documentation**

Documentation being submitted (documentation must identify the current and previous name):

- Copy of marriage certificate
- Copy of divorce certificate
- Copy of court documents identifying the name change

**Request a Name Change**

**Please complete all information. Please type or print with a pen.**

DANB ID \_\_\_\_\_

Current Name \_\_\_\_\_  
Last First MI

Previous Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Office (\_\_\_\_) \_\_\_\_\_ Cell or Home (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

I hereby officially request to change my name as noted above.

Signature X \_\_\_\_\_ Date X \_\_\_\_\_