



International Development Institute

CHANGE OF NAME FORM

Please complete this form in order keep accurate up to date records

In order to keep accurate up to date records, you are required to complete this form below and submit all legal documents with current changes.

Please Print

Former Name: _____ Last four # of SS _____
Former Name exactly how appears in your previous Social Security Card please provide a copy

New Name: _____
New Name exactly how appear in your present Social Security Card please provide a copy

Address _____

City _____ State _____ Zip Code _____

Mobile Number (_____) _____ Home Number (_____) _____

Training Program Name _____

Date when you complete your training program _____

Student ID#: _____ Certification # _____

Once record is validated the school will issue a new original duplicate Certificate or Diploma within 30 to 45 days from receipt of the official request date.

Reason for Change Name:

[Marriage](#)

[Divorce](#)

[Certificate of Naturalization showing a new name](#)

[Court order name change Case or order # _____](#)

[New Identity](#)

[Correcting errors on my Social Security card](#)

[Correcting errors on my First Name Social Security card](#)

[Correcting errors on my Last Name Social Security card](#)

Please provide a copy of the approving government agency in each case in which you request the change.

