

Name/Address Change Form for Registration Eligibility

Note: Name change requests MUST include either an original marriage license, divorce decree or court order or a notarized copy. All fields of the application must be completed in order to update your record.

Academy Membership Number (If Applicable)

PREVIOUS INFORMATION (The information that was submitted to your to CDR when you became registration eligible)

Last Name (Please Print) First Name Middle Name/Initial Maiden Name

Address

City State Zip Country

Email Address Date of Birth (MM/DD/YYYY) Mother's Maiden Name

NEW INFORMATION (Enter your name as it appears on your current, updated government-issued photo identification card.)

Last Name First Name Middle Name/Initial

Address

City State Zip Country

Email Address

Primary Phone (Circle Type: Cell/Home/Office) Alternate Phone (Circle Type: Cell/Home/Office)

CANDIDATE SIGNATURE

DATE

**Mail completed form to:
Rebecca Beavers or Tiffany Welch
Commission on Dietetic Registration
120 South Riverside Plaza, Suite 2190
Chicago, IL 60606**