



NATIONAL BOARD OF EXAMINERS IN OPTOMETRY®

NAME CHANGE / SOCIAL SECURITY NUMBER CHANGE FORM

(This is used for the sole purpose of Name or SSN changes)

1. Fill out the information below.
2. You **must** include a copy of supporting documentation (ex. Drivers license, Social Security Card or a Marriage License).
3. Please email or fax form with documentation to NBEO:
 - nbeo@optometry.org
 - 704.332.9568

OLD INFORMATION

CHANGING FORM:

LAST 4-DIGITS SS NUMBER:

NAME:

LAST NAME

FIRST NAME

M.I.

NEW INFORMATION

CHANGING TO:

LAST 4-DIGITS SS NUMBER:

NAME:

LAST NAME

FIRST NAME

M.I.

In case NBEO needs to contact you in reference to this form please provide your daytime phone number in the space below.