



CBRF Training and Registry Services Trainer Information Change

Please enter the following information.

FORMER NAME AND/OR ADDRESS

Last Name	First Name	M.I.
Street Address		
City	State	Zip <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Phone#	Last 4 digits of SSN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Birth date (MM/YYYY)

NEW NAME AND/OR ADDRESS

Last Name	First Name	M.I.
Street Address		
City	State	Zip <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Phone#		
E-mail	Website	

Signature: _____ Date: _____

- Enter information in the required fields. Print the form.
- Sign the form.
- Attach a copy of the document that proves your new name.
- Mail this form along with proof of change to:

**UW Oshkosh CBRF
CCDET
800 Algoma Blvd.
Oshkosh, WI 54901**