

## NAME AND/OR SOCIAL SECURITY NUMBER CHANGE FORM

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

### INSTRUCTIONS

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

### OLD INFORMATION

CHANGING FROM:

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.

### CONTACT INFORMATION

In case the NBEO needs to contact you in reference to this form please provide your

DAYTIME PHONE NUMBER \_\_\_\_\_