

PERSONAL INFORMATION REVISION FORM

Name:								
	Last Name		First Name		Middle Name			
Date of Birth:	Month:		Day:		Year:		File Number:	

Corrections: To correct information about your personal information (name, date of birth, or country of birth) that is displayed incorrectly on our database, use the first column to indicate the information that requires updating, and the following column(s) to show the existing information and corrected/updated information.

NOTE: Please only submit this form if a mistake was made at time of application. If the name on your file is the name used on your academic or licensure documents, you should NOT submit this form.

Information Requiring Update (i.e. Name - First, Middle, or Last; Country or Date of Birth):	Existing Information	Correct Information	Evidence Provided* (i.e. Passport, Government ID Card, Birth Certificate)

***IMPORTANT:** You **MUST** include a notarized copy of a legal document with this form as evidence of your personal information. Acceptable documents include a birth certificate, passport, or other official identification document.

This form will not be processed without your signature.

SIGNATURE OF APPLICANT

DATE

Upload [here](#) or mail to: FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825, USA