National Institutes of Health

Select Agent Program
Name Change Request on Bethesda Registration

Date:

Requester Information:

Full Name and Title:

Participant's OLD Name as it Appears on the Bethesda Registration:

Participant's NEW Name as it Appears on the Social Security Card:

Reason for Name Change:

☐ Marriage   ☐ Divorce

☐ Other - Provide a Reason

Effective Date of Name Change:

Special Notes and Instructions (e.g., Do not hyphenate last names, I have two last names, etc.)

Submit requests to nihselectagentprogram@od.nih.gov or fax to 301-480-0701