



Federation of State Medical Boards
 Attn: Assessment Services
 400 Fuller Wiser Rd
 Euless, TX 76039-3856
 Email usmle@fsmb.org or spex@fsmb.org
 Telephone (817) 868-4041 \ Fax (817) 868-4098

Name Change/Correction Authorization Form

To change or correct your name on your official Federation of State Medical Boards (FSMB) record, the FSMB requires this signed authorization form and evidence of the change/correction. The following document(s) **must** be submitted:

- ✓ Evidence that substantiates the name change (e.g., copy of the marriage certificate, divorce decree, or court order) **AND**;
- ✓ Evidence to demonstrate that the new name is being used consistently. (e.g., copy of a non-expired, government issued form of identification bearing the new name, signature, and photograph).

Please complete this form (*type or print*) and **mail, fax or email it to the above address with the required documentation**. Telephone calls are not accepted for this purpose.

Please note: If the name on your government issued identification does not match your examination scheduling permit, you will not be permitted to take your exam.

Your name will not be changed in our records until we receive this form and the required documentation.

USMLE Identification # (if known)	Date of Birth	SSN (last 4) or National Identification #
Phone Number (Daytime)	Phone Number (Secondary)	Email Address

Current name on record:

Last Name	First Name	Middle Name
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I request and authorize the FSMB to change/correct my name on the official record to:

Last Name	First Name	Middle Name
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My name change/correction became effective on ____ / ____ / ____, for the following reason:

Month Day Year

- Marriage
 Divorce
 Other (please explain): _____

I certify that the information I am submitting is true and accurate, and I authorize the FSMB to update their records according to the information I have provided.

Signature: _____ Date: ____ / ____ / ____

Month Day Year