

EMI Independent Study Program
Name Change Request

*Please type or write your information legibly

Your Current Information:

Full Name: _____

Address: _____

Address: _____

City, State & Zip Code: _____

Social Security Number/Alt ID: _____

Please see our website at <http://training.fema.gov/EMIWeb/IS/Exams/privacystatement.asp> for information on why the ssn is required.

Phone Number: _____

Email address: _____

Previous Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Reason for change:

Divorce/Marriage

Legal Name Change

Other

Signature _____ Date: _____

MAIL YOUR REQUEST TO:

National Emergency Training Center

EMI Independent Study Program

16825 South Seton Avenue

Emmitsburg, MD 21727-8998

OR

FAX TO: (301) 447-1201