



Personal Information Revision/Update

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM/DD/YY)	FILE NUMBER

Instructions: This form should be completed if information about your personal information displayed in our database is incorrect. Only use this form if the information in our database is different than the information listed on your academic records or licensure documents. **YOU MUST INCLUDE A NOTARIZED COPY OF A LEGAL DOCUMENT** (birth certificate, passport, or other official identification) **WITH THIS FORM AS EVIDENCE OF YOUR PERSONAL INFORMATION.**

Name of College/University	Course Name/ CLEP Exam	Country	Physical Therapy Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (If awarded)	Date Degree Awarded (MM/DD/YYYY)

APPLICANT SIGNATURE

DATE