



Participant Name Change Notification

Awardee Type:
 Retention
 Recruitment

EMAIL COMPLETED FORM TO:
 smart@nps.edu

Policy Statement: Participants must keep current name and contact information with the SMART Program Office (SPO) **at ALL times**, including accurate email address(es), mailing address, phone, and residency status. Participants are required to update their assigned Cohort Administrator (CA) **immediately** with changes or updates to their name, contact and/or residency information.

SECTION 1 – Participant Information

Name <i>as listed on SMART Award</i> (LAST, First, MI):		Cohort Year:
Phone:	Email:	
Sponsoring Service:	Sponsoring Facility:	
Facility POC Name:	Facility POC Email:	

SECTION 2 – Change of Name Information

New Full Name (LAST, First, MI):	Date Name Change is Effective (DD/MM/YYYY):
Reason for Name Change: <input type="checkbox"/> Change of Marital Status <input type="checkbox"/> Other (please explain below)	
Supporting Documentation - <i>Attach a copy of your drivers license reflecting your name change. Participants who are students at the Naval Postgraduate School may need to provide additional documentation and must contact their CA for assistance.</i>	

SECTION 3 – Verification

By signing this form I verify that all of the information I provided above is complete and correct.	
Participant Signature	Date:

-----DO NOT WRITE BELOW THIS DOTTED LINE / SMART PROGRAM OFFICE USE ONLY-----

SECTION 4 – SMART Program Office Review

<input type="checkbox"/> Documentation is complete.		
Cohort Administrator Name:	Cohort Administrator Signature:	Date: