



CHANGE OF STATE REQUEST FORM

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	
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INSTRUCTIONS

Please fill in all of the information below in order to process your request to update your Included or Duplicate Report recipient. Mail or Fax completed form to:

FCCPT
 124 West Street South, 3rd Floor
 Alexandria, VA 22314-2825, USA
Fax: 703-684-8715

Service: _____

Current Report Recipient: _____

*NOTE: Enter "NONE AT THIS TIME" if you have not yet selected a recipient for your Included Report**

**Delayed Included Reports: If your service has been completed for more than six (6) months and you have not selected a recipient for your evaluation report, you must apply for a Duplicate Report and pay the associated fee.*

New Report Recipient: _____

NOTE: Enter the State/Jurisdiction name if you would like the report submitted to a State Board. If selecting an organization, institution, or other recipient, please fill out the information below:

Recipient Email: _____

Recipient Address: _____

Street

City

State

Zip/Postal Code

Country

ATTESTATION

Note: Do not submit this form unless you understand and agree to the following terms.

1. I certify that I am the applicant named on this form.
2. I acknowledge that the attestation signed when I submitted my application is still in force and that this document is intended to correct information mistakenly entered or omitted at the time of the application.

This information will not be processed without your signature.

Signature

Date