

Change of Information Request

Policy:

- If you change your name or address, you must let us know by sending in this form.
- Unless you send this form, we will send all correspondence about your exam, including the exam results, to the address written on your exam application.
- **If you have changed your name, you must also send proof of the change with this form.**

Miss Mrs Ms Mr

CSMLS#: _____

Last Name (please print above)	First Name	Middle Initial
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Former Last Name (if applicable)	First Name	Middle Initial
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Miss Mrs Ms Mr

Last Name (please print above)	First Name	Middle Initial
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NEW Address	City	Province	Postal Code
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Telephone No.	Business Telephone No.
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Fax No.	Email Address
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Date of the Change

Canadian Society for Medical Laboratory Science
 Address: 33 Wellington St N Hamilton, ON, L8R 1M7
 T: (905) 528-8642 or (800) 263-8277 F: (905) 528-4968 E:exam@csmls.org