

## **ASE Record Update Authorization**

Complete this form and mail it with supporting documentation to: ASE Customer Service, 1503 Edwards Ferry Road NE, Suite 401, Leesburg, VA 20176, or fax (703) 669-6122.

Please allow three business days for this request to be processed. Under certain circumstances, a scheduled appointment may delay processing of your request until after your appointment date has been completed and test results are posted to your account. Once your request is approved and completed, you will be notified by email. Note: we may contact you or your supervisor for verification. If you have questions, contact us at 1-800-390-6789 or <a href="mailto:contactus@ase.com">contactus@ase.com</a>.

Your corrected information as it should appear on your ASE record:		
Print your full legal name:		
Date of Birth (month/day/year):		
Last four digits of SSN:		
ASE ID number:		
Phone:	E-mail:	
I authorize ASE to update the fo	llowing item(s) on my ASE record: (check all that apply)	
☐ <b>Name Change</b> – for example, or court ordered name change of	Jane Smith to Jane Jones – attach copy of your marriage license, divorce de documentation	cree,
Incorrect name as it appears on your ASE record:		
•	ole, Bill Brown to William Browne Jr. – attach a copy of your current driver's r government-issued form that shows your full name and date of birth	
Incorrect name as it appears on	your ASE record:	
	of your current driver's license, birth certificate, military ID card, or other nows your full name and date of birth	
Incorrect date of birth as it appears on your ASE record:		
	four digits) – attach a copy of your social security card, payroll stub, military ed form that shows your full name and the last four digits of your social secu	
Incorrect SSN (last four digits) as	s it appears on your ASE record:	
Signature	Date:	