



## Service Request Form

I am requesting the following service(s):

Check (✓)	Service Requested	Sections to be Completed	Fees
	Name Change	1 and 2	No Charge
	Duplicate Certificate	1 and 4	\$15
	Exam Deferral	1, 3 and 4	\$50
<b>Section 1: LSLS Information</b>			
LSLS Certification Number (if applicable)		LSLS Designation (if applicable)	
Last Name (as it appears on our records)		First Name and Middle Initial (as it appears on our records)	
X			
LSLS Applicant Signature <i>I authorize the services checked above to be performed. Any documents requested will be mailed to my address of record.</i>			Date
<b>Section 2: Name Change</b>			
Note: If you also want your LSLS certificate to reflect your new name, you must also request a Duplicate Certificate and include the \$15 fee			
NEW Last Name		NEW First Name and Middle Initial	
Copy of Documentation Attached:	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Legal Name Change Decree <input type="checkbox"/> Other:	
<b>Section 3: Exam Deferral</b>			
Testing Quarter Scheduled		New Testing Quarter - Preferred	
<b>Section 4: Payment Information</b>			
<p><b>Make company check, money order or certified check payable to: AG Bell Academy for Listening and Spoken Language, for all services requiring a fee. Mail the completed form and payment to: AG Bell Academy for Listening and Spoken Language, 3417 Volta Place, NW, Washington, DC 20007</b></p>	<input type="checkbox"/> Check or money order (see left) <input type="checkbox"/> Credit Card (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	CARD NUMBER _____		EXP DATE _____ SECURITY CODE _____
	SIGNATURE (REQUIRED) _____		
	PRINT CARDHOLDER'S NAME _____		