



NOTIFICATION OF NAME CHANGE FORM

INSTRUCTIONS: This form is to be completed and submitted to POST within fifteen (15) business days of an employee's name or mailing address change. Please enter "N/A" for any items that do not apply. To change your legal name, please provide a copy of a government – issued document with this form such as: (unexpired) Driver's License, Work ID, Marriage Certificate, or Court Order. Please attach the documents to this form. All completed form can be submitted via email to POST@delaware.gov.

NOTIFICATION OF NAME/ADDRESS CHANGE FORM

EMPLOYEE INFORMATION		
PREVIOUS NAME	REQUESTED NAME CHANGE	
WORK E-MAIL ADDRESS	POST CERTIFICATION NUMBER	DATE OF BIRTH
PREVIOUS MAILING ADDRESS		
CURRENT MAILING ADDRESS		
AGENCY		

The submission of this form shall serve as certified notice to the Police Officer Standards and Training Commission (POST) that the above identified employee has changed their name.

SIGNATURE OF OFFICER	DATE
SIGNATURE OF CHIEF	DATE

FOR POST PERSONNEL ONLY		
DATE OF REQUEST	REQUESTED RECEIVED BY	REQUEST STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
DATE OF REQUEST COMPLETION	COMPLETED BY	NOTIFICATION OF COMPLETION DATE

Once the request is process, all supporting documentation provided will be destroyed.