Optometry Testing Program **PIN Update Request Form**	
Please use this form to retrieve or modify a PIN or to modify personal information.	
First name (as listed on your application)**:**	**E-mail address**
Middle name:	
Last name:	
Date of birth:	**Street Address** (include Apt. or Suite #):
Daytime phone number: ☐ cell ☐ home ☐ work	
☐ I submitted my application.	**City:**
	State:
☐ I completed my OAT. **Date of test:**	**Zip Code/Postal Code:**
	Country
	Assigned PIN (for office use only)

To modify personal information, submit a copy of the following supportive documentation with this form:	
Change-name	Copy of government issued photo ID (driver's license or Passport) **and** the legal document to confirm change (marriage certificate, divorce decree, court order)
Change-date of birth	Legal document to confirm birth date (birth certificate, driver license)
Change-school attended or date of graduation	Official document to confirm enrollment or graduation (transcript or diploma)

Complete this form and return with the required documentation to the Optometry Testing Program at pin@ada.org. **This request requires approximately 1-3 business days to process.**