



*The Oklahoma Registry/REWARD Oklahoma*

**PARTICIPANT UPDATE FORM**

**You must already be on *The Oklahoma Registry* or *REWARD Oklahoma* program to use this Update Form. Please give us your name and birth date and complete the sections that apply (and don't forget your signature at the bottom).**

Name (please print): \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth: \_\_\_\_\_

**Change of Name:**

Previous Name: \_\_\_\_\_

New Name (as shown on Social Security Card): \_\_\_\_\_

**Change of Home Address:**

Street: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Change of E-mail Address:** New e-mail address: \_\_\_\_\_

**Change of Employment:**

Previous Employer: \_\_\_\_\_ Date Left: \_\_\_\_\_

New Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

License Number: K8 \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**PLEASE NOTE: If you are active on the *REWARD Oklahoma* program and are reporting a change of name or address, you will also need to submit a new W-9 Form. To download a W-9 Form, go to the *REWARD Oklahoma* section of our website at [www.cecpd.org](http://www.cecpd.org). Note: W-9 Forms CANNOT BE FAXED.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail or Fax this form to:*

CECPD

***The Oklahoma Registry/REWARD Oklahoma***

1801 N. Moore Ave.

Moore, OK 73160

FAX: 405-799-7634