THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

ADDRESS CHANGE FORM

INSTRUCTIONS

Address changes require the following information to ensure correct identification of the record to be changed. Mail or fax this form to the address or fax number listed below.

(1) Complete the form; incomplete forms will be returned unprocessed.

(2) Fax forms to ARRT at 651.681.3297, or mail them to ARRT Records Department, 1255 Northland Drive, St. Paul, MN 55120.

(3) Allow 7–10 business days for processing. Contact the Continuing Registration Department at 651.681.0048, ext. 8540, after the processing period if you would like to confirm your address change with ARRT.

ARRT ID Number

Birthdate MO DA YR

U.S. Social Security Number – –

First Name

Middle Initial

Last Name

PREVIOUS ADDRESS:

Street Address 1

Street Address 2

City

State/Prov

Zip/PC

NEW ADDRESS:

Street Address 1

Street Address 2

City

State/Prov

Zip/PC