



REQUEST FOR NAME/ADDRESS CHANGE

IMPORTANT NOTICE:

All name/address changes are completed in approximately 7-10 business days following receipt of the request. You will receive an email notification when the name/address change is completed. The name/address change form may be **faxed, emailed, or mailed** to the board office. **If emailing this form to the Board, please use the subject line (Request for Name /Address Change).** Licensees wishing to make an immediate change to their address only (no name change) can do so using the Department of Health Professions Online Licensing System located on the website at <http://www.dhp.virginia.gov/mylicense/renewalintro.asp>

CURRENT INFORMATION ON FILE WITH THE BOARD

Last Name:	First Name:	Middle/Maiden Name:	Suffix:
Street Address:			
City:	State:	Zip Code: _____	
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____		Last 4 digits of Social Security Number: XXX-XX-____	
Email Address:			
Social Work License/Registration You Wish to Change (check all that apply):			
<input type="checkbox"/> Registration of Supervision <input type="checkbox"/> LBSW <input type="checkbox"/> LMSW <input type="checkbox"/> LCSW			
Social Work License Number: _____			

TYPE OF CHANGE (CHECK ALL THAT APPLY)

<input type="checkbox"/>	CHANGE OF NAME <i>A copy of one of the following documents* must accompany a name change request:</i> 1. Marriage License 2. Court Order 3. Divorce decree <i>*Driver's licenses, passports, marriage certificates or a Social Security Number cards are not accepted</i>	
New Last Name:	First Name:	Middle:

<input type="checkbox"/> CHANGE OF ADDRESS			
New Street Address:			
City:	State:	Zip Code: _____	
Should this new address be used as both your public and private address? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, please provide a public address to add to our records:		
	Business Name:		
	Street Address:		
	City:	State:	Zip: _____

<input type="checkbox"/> CHANGE OF EMAIL ADDRESS
New Email Address:

Signature of Licensee

Date