SC DEPARTMENT OF LABOR, LICENSING AND REGULATION
SC BOARD OF EXAMINERS IN PSYCHOLOGY
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4664

CHANGE OF NAME AND ADDRESS FORM

To change your name and address, complete this form and return to the above address with a **copy of the legal document** effecting the name change.

Current Name_____
Last First Middle

Previous Name_____
Last First Middle

License Number/s_____

New Office Address

_____
Street Address

_____
City State Zip

_____
Phone Number Fax Number E-mail Address

New Home Address

_____
Street Address

_____
City State Zip

_____
Phone Number Fax Number E-mail Address

New Mailing Address
(the address where you prefer to receive all correspondence)

_____
Address

_____
City State Zip

_____ _____
Effective Date of Change Signature