

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233

Phone - (804) 367-4630 Fax - (804) 527-4471 www.dhp.virginia.gov/aud/ Email – audbd@dhp.virginia.gov

Note: As of June 1, 2019, the Board's phone number will change to: (804) 597-4132

NAME/ADDRESS CHANGE FORM

All name/address changes are completed in approximately 5 to 7 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The address/name change may be faxed, emailed or mailed to the board office.

If you wish to receive a license with this change prior to the next renewal, you may request it using the "Duplicate Request" process at https://www.dhp.virginia.gov/mylicense/renewalintro.asp or mail this form with a check or money order in the amount of \$5.00. The check or money should be made payable to the "Treasurer of Virginia."

CURRENT INFORMATION:					
CURRENT INFORMATION: Last Name		M.I.	Maiden or Ot	hor	
Lastinatie	First Name		IVI.I.	ivialuen of Ot	IICI
AUD/SLP License Number		Last four digits of Social Security Number			
Email Address:		Primary Phone Number:			
CHANGE OF NAME		l .			
You must submit a copy of a lega change verification documents:	al document verifyi	ng your new name	. The follow	ving are accepta	able name
Marriage certificate;	3) Other legal document indicating the retaking of				
2) Divorce decree which inc	dicates the	your maiden		3 J	3 -
retaking of your maiden i	name;	4) Copy of court	•	3.	
NEW NAME:					
Last Name	First Name		Middle		
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CHANGE OF ADDRESS					
OLD ADDRESS:					
Street Address					
City	St	tate		Zip Code	
NEW ADDRESS: Street Address					
				— — — — — — — — — — — — — — — — — — —	
City	Si	tate		Zip Code	
Should this new address be used as and private address?	both your public				
Yes	No	Business Name:			
163		Street Name:		Ctoto	Zin
		City:		State	Zip
SIGNATURE OF LICENSEE	DATE				