



SOCIAL WORK NAME/ADDRESS CHANGE FORM

Important Notice:

All name/address changes are completed in approximately 7-10 business days following receipt of your request. You will receive an email notification when the name/address change is completed. The name/address change may be **faxed, emailed, or mailed to the board office**. For an immediate change of your address (no name change), or if you wish to receive an updated license with this change prior to the next renewal, you may go online at <http://www.dhp.virginia.gov/mylicense/renewalintro.asp>.

CURRENT INFORMATION

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(s) You Wish to Change (check all that apply): <input type="checkbox"/> LSW <input type="checkbox"/> LCSW <input type="checkbox"/> Registration of Supervision			
Social Work License Number(s)			

TYPE OF CHANGE (CHECK ALL THAT APPLY)

<input type="checkbox"/> CHANGE OF NAME A copy of one of the following documents* must accompany a name change request: 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