



NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204

Phone (336) 625-1679  
Fax (336) 625-4246

www.ncswboard.gov

## **Name and/or Address Change Form**

*You may fax or mail your request to the Board office at the contact information listed above.  
If emailing your request, please include all information listed on form.*

**Please print clearly or type**

<b>Certificate/License Number:</b>	<b>Last four of SSN:</b>
<b>Name:</b>	<b>New name</b> (if requesting name change):
<b>Old Address:</b>	<b>New Address:</b>
_____ Street	_____ Street
_____ Apartment/Suite number	_____ Apartment/Suite number
_____ City, State, Zip code	_____ City, State, Zip Code
<b>Business phone number:</b>	<b>Home phone number:</b>
<b>Business Address:</b>	<b>Email Address:</b>
_____ Street	_____ 
_____ Apartment/Suite number	
_____ City, State, Zip Code	

**Name change requests must be accompanied by a copy of a marriage certificate, divorce decree, court record, or updated drivers license that verifies the name change.**

Please check here if you are requesting a duplicate license with your updated name change and include the \$25.00 fee. (Must be submitted by mail)

**You are required to notify the Board in writing of name, address, and phone number (business and residence) within 30 days of the effective date of the changes pursuant to [T21 63 .0405](http://www.ncswboard.gov).**