



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

For name changes, fax or mail your request and documentation to the Board's mail address above.
For contact info changes only, update by logging into your profile at www.ncswboard.gov.

Please print clearly or type

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

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. (Pay via certified check, money order, or cashier's check submitted within six months of issuance 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).