

REQUEST FOR CHANGE OF ADDRESS

You may request an address change via email, fax or mail. Your request must contain the following:

Name: _____
Last First Middle Maiden

Social Security Number: xxx-xx-_____ **License Number:** _____

Date of Birth: _____ **Phone Number:** _____

Previous Address: _____

New Address: _____

Signature: _____ **Date:** _____

PLEASE SUBMIT TO:

Alabama Board of Examiners for Speech-Language Pathology and Audiology (ABESPA)
400 South Union Street, Suite 435
P.O. Box 304760
Montgomery, AL 36130-4760
Phone: (334) 269-1434 or 1-800-219-8315 (in Alabama)
Fax: (334) 834-9618 E-Mail: abespa@abespa.alabama.gov

The Alabama Board of Examiners for Speech-Language Pathology and Audiology (ABESPA) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.