

REQUEST FOR NAME CHANGE

Name as it currently appears on license:

Last

First

Middle

New Name:

Last

First

Middle

Maiden

Social Security Number:

XXX-XX

License Number:

Date of Birth:

Phone Number:

Mailing Address:

Street

City

State

Zip Code

Submit proof of one of the following:

(Please check document submitted)

_____ Copy of Marriage Certificate

_____ Copy of Divorce Decree

_____ Copy of Court Order

Signature: _____

Date: _____

PLEASE SUBMIT TO:

Alabama Board of Examiners for Speech-Language Pathology and Audiology (ABESPA)

400 South Union Street, Suite 397

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@abespa.alabama.gov

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