

# 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:** \_\_\_\_\_  
\_\_\_\_\_

**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](mailto:abespa@abespa.alabama.gov)

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