



## STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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### NAME CHANGE REQUEST FORM

§741.41(a) A licensee shall: (11) notify the board of changes in name or preferred mailing address within 30 days of such change(s). Notification must include the name, mailing address, and zip code, and be mailed, telephoned, faxed, or sent by electronic mail to the executive director.

§741.41(a) A licensee shall: (10) notify the board in writing of changes of name, highest academic degree granted, address, and telephone number. The board is not responsible for lost, misdirected, or undelivered mail.

§741.161(f) A licensee is required to provide current address, telephone number, and employment information. Corrections may be made on the renewal form or by submitting the current information in writing. A request to change the name currently on record must be submitted in writing with a copy of a divorce decree, marriage certificate, legal name change document, or social security card showing the new name.

A \$10.00 fee is required for each license or registration requested. Submit this page (the budget number and fund number are critical), proof of name change and fee to the following address:

State Board of Examiners for Speech-  
Language Pathology and Audiology  
Texas Department of State Health Services  
PO Box 149347 Mail Code: MC2003  
Austin, TX 78714-9347

Please print or type the name as changed: \_\_\_\_\_

Social security number: \_\_\_\_\_

License or registration number: \_\_\_\_\_

If your address, phone number and/or employer have changed, include the current information below (include area code and zip code):

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