

REQUEST FOR NAME CHANGE

Name as it currently appears on license: _____
Last First Middle

New Name: _____
Last First Middle Maiden

Social Security Number: _____ 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

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@mindspring.com

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