



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
Fax (336) 625-4246

Website: www.ncswboard.org

Name and/or Address Change Form

*You may fax or mail your request to the Board office at the contact information listed above.
If emailing your request, please include all information listed on form.*

Please print clearly or type

Certificate/License Number:	Last four of SSN:
Name:	New name (if requesting name change):
Old Address:	New Address:
_____ Street	_____ Street
_____ Apartment/Suite number	_____ Apartment/Suite number
_____ City, State, Zip code	_____ City, State, Zip Code
Business phone number:	Home phone number:
Business Address:	Email Address:
_____ Street	_____
_____ Apartment/Suite number	
_____ City, State, Zip Code	

Name change requests must be accompanied by a copy of a marriage certificate, divorce decree, court record, or updated drivers license that verifies the name change.

Please check here if you are requesting a duplicate license with your updated name change and include the \$25.00 fee. (Must be submitted by mail)

You are required to notify the Board in writing of name, address, and phone number (business and residence) within 30 days of the effective date of the changes pursuant to T21 63 .0405.