



**Mississippi**  
**State Board of Examiners for**  
**Social Workers and Marriage & Family Therapists**  
**Jackson, MS 39296-4508**  
**Post Office Box 4508**  
**601-987-6806/Fax: 601-987-6808**  
**www.swmft.ms.gov**

## ADDRESS CHANGE FORM

License Number: \_\_\_\_\_ Last four digits of SSN: XXX-XX- \_\_\_\_\_

Name: \_\_\_\_\_  

First
MI
Last

Previous Address: \_\_\_\_\_  
 \_\_\_\_\_

New Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ County of Residence
\_\_\_\_\_ Telephone Number

I, the undersigned, do hereby solemnly swear or affirm that I am the above licensee, and that the statements contained therein or accompanying this form are true to the best of my knowledge and belief.

\_\_\_\_\_  

Licensee's Signature
Date

Mail to: MBOE, P.O. Box 4508, Jackson, MS 39296-4508  
 Fax to: 601-987-6808