Mississippi
Board of Examiners for
Social Workers and Marriage & Family Therapists
Post Office Box 4508
Jackson, MS 39296-4508
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
OR Email to info@swmft.ms.gov