



**Mississippi  
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**

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## **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