

Arkansas Social Work Licensing Board

Address and or Name Change Form

Please note: Name changes must be accompanied by a copy of the official documentation verifying the change. (Marriage license, divorce decree, etc.)

Please Complete the following			
Current Name and Address		Former Name and Address	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Address		Address	
City, State, Zip		City, State, Zip	
Please Update Your: Home Phone		Work Phone Cell Phone	
Email Address:			
This is a change of:	Name	Address	
For identification provide the following:			
License Number	Date of Birth	Signature	Date
	SS#		

Return Completed Form To:

By Mail:

State of Arkansas
 Social Work Licensing Board or
 P. O. Box 250381
 Little Rock, AR 72225

By Fax:

501-372-6301

*****PLEASE NOTE*****

If your name changes and you wish a new licensure card, there is a \$20 fee. You must mail this request along with a check in order to receive a new card.