



Board of Licensed Social Workers
3218 Pringle Road SE, Suite 240
Salem, Oregon 97302-6310
Phone: (503) 378-5735
Fax: (503) 373-1427

CHANGE OF ADDRESS FORM

Oregon License/Certificate/Registration Number: _____

Effective Date of Address Change(s): _____
(MM/DD/YY)

LAST NAME

FIRST NAME

MIDDLE INITIAL

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () - _____ **This address will be posted on our website.**

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () - _____ CELL: () - _____
Optional

OPTIONAL

E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____

PRIVATE (For Board communication only)

PUBLIC