Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
(512) 463-6400 Fax (512) 463-7452

CHANGE OF ADDRESS REQUEST

Instructions: This form must be completely filled out. Once completed you mail email this form to the Licensing division at licensinghelp@tsbde.texas.gov or fax to 512.463.7452, or mail it to the office at 333 Guadalupe Street Tower 3, Suite 800 Austin, Texas 78701. Pursuant to §108.10 & §115.7 & §114.2(j) A licensee shall notify the Board within sixty (60) days of any: (1) change of address of the licensee's place of business; (2) change of the licensee's employer; or (3) change in the licensee's mailing address.

Check (✓) one:	**For Agency Use Only**
□ I am a Dentist, □ I am a Hygienist, or □ I am a Registered Dental Assistant	Processed by: _____ Date VR Updated: _____

Social Security #:	**License or Registration #:**		
Old Information			
First Name	Middle Name	Last Name	
Address	City	State	Zip Code
New Information: Enter updated information			
First Name	Middle Name	Last Name	
Current Address:	City	State	Zip Code
Permanent Address:	City	State	Zip Code
Work Address:	City	State	Zip Code
Preferred mailing address: (preferred address will be made available to the public) □ Current □ Permanent □ Work			
Daytime Phone #:	Email Address:		

***Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.**

_____ **Signature**

_____ **Date**