Texas State Board of Dental Examiners
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CHANGE OF ADDRESS REQUEST

Instructions: Print in black ink or type. Fill out form completely and do not leave any questions blank.

Today's Date: _____

Full Legal Name: _____

Your License or Registration Number: _____

Check One: **I am a Dentist** _____ **I am a Dental Hygienist** _____
I am a Dental Assistant _____

Please check which address listed below is your new PREFERRED mailing address: **Office** _____ **Home** _____

FOR AGENCY USE ONLY

PROCESSED BY: _____

DATE VR UPDATED: _____

- **OLD MAIL ADDRESS:** _____
- **NEW MAIL ADDRESS:** _____
- **OFFICE ADDRESS CHANGE**
  - **Current Address:** _____
    _____
    _____
    Phone: (_____) _____
  - **New Address:** _____
    _____
    _____
    Phone: (_____) _____
- **HOME ADDRESS CHANGE**
  - **Current Address:** _____
    _____
    _____
    Phone: (_____) _____
  - **New Address:** _____
    _____
    _____
    Phone: (_____) _____