

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Examiners in Speech-Language Pathology and Audiology

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NAME CHANGE AND ADDRESS REQUEST FORM

Please submit a legible copy of legal documentation supporting your name change with this form. (Marriage license, divorce decree, etc.)

You may send this form and supporting documents to the Speech Board via mail, email or fax at the above addresses.

If you want a new pocket-card or wall certificate reflecting this name change, submit the required documentation along with a check or money order for the applicable fee, made payable to the SC Board of Speech-Language Pathology and Audiology to the PO Box listed above. Or you may visit https://llr.sc.gov/aud after the change has been made and print a copy of your license.

indicate if you would like a new pocket card of wan certificate and reinit the requisite payment:				
☐ Wall Certificate	- \$10 □ Pocket-Card - \$10			
Type of License:	☐ Speech-Language Pathologist☐ Speech-Language Pathology As☐ Audiologist	ssistant		
License No.:				
Current Name on	License:			
First:	Middle:	Last:		
New Name:				
First:	Middle:	Last:		
Email:		Phone:		
Previous Mailing A	Address:			
	Street or PO Box	City	State	Zip
Current Mailing A	ddress: Street or PO Box	City	State	Zip
	Address:			
Duginaga Emaile	Street or PO Box	City Puginasa Phanas	State	Zip
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I certify that the a	above information is true and cor	rect:		
Signature of Licens	see:	Date:		