

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 (NEW) Name and Address		Former (OLD) Name and Address	
Name (Last, First, Middle)		Name (Last, First, Middle)	
Address		Address	
City, State, Zip		City, State, Zip	
Please Update Your: Home Phone		Cell Phone	
Email Address:			
Employer:		Work Email Address:	
This is a change of:	Name	Address	Work Phone:
For identification provide the following:			
License Number	Date of Birth	Signature	I Date
	Last 4 digits of SS#		

Submit complete form by one of these methods:

By Mail:
 State of Arkansas
 Social Work Licensing Board
 P. O. Box 251965
 Little Rock, AR 72225

By Fax: 501-372-6301

By Email as attachment to:
 swlb@arkansas.gov

*****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 cashier's check or money order in order to receive a new card. No personal checks accepted.