NAME CHANGE AND/OR DUPLICATE LICENSE REQUEST FORM

SOUTH DAKOTA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY
810 North Main #298
Spearfish, SD 57783
(605) 642-1600

Print or type name prior to change: _____

Print or type name as you would like it to appear on license: _____

License Number: _____

- If requesting a name change please submit a copy of your marriage license/divorce decree or other legal document verifying the name change.
- Mail completed form and $20.00 processing fee (check or money order) to the address listed at the top of this form.

If your address has changed please fill out the information below so we can update your records:

Licensee Name: _____
(Last) (First) (M.I.) (Maiden)

Mailing Address:_____
(Street or P.O. Box) (City) (State) (Zip)

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____