



LOUISIANA

STATE BOARD OF SOCIAL WORK EXAMINERS

NAME CHANGE REQUEST FORM

Complete this name change request form and forward to Jasmine Offord by either email at jofford@labswe.org, mail, or by fax. You will need to attach a copy of your current driver's license, marriage certificate or divorce decree indicating the official name change in order for this request to be processed. Please allow 7-10 business days for the name change to appear on your dashboard.

Current Name: _____

New Name: _____

License Number: _____

Email Address: _____

For office use only:

Date completed: _____ Staff signature: _____

18550 Highland Road, Suite B, Baton Rouge, Louisiana 70809
Phone: 225-756-3470 or in LA 1-800-521-1941 Fax: 225-756-3472
Email: socialwork@labswe.org Web Site: <http://www.labswe.org>