



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners in**  
**Speech-Language Pathology and Audiology**  
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 P.O. Box 11329 • Columbia • SC 29211-1329  
 Phone: 803-896-4655 • [Contact.Speech@llr.sc.gov](mailto:Contact.Speech@llr.sc.gov) • Fax: 803-896-4719  
[www.llr.sc.gov/POL/Speech/](http://www.llr.sc.gov/POL/Speech/)



## NAME CHANGE 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 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 <http://www.llr.state.sc.us/POL/Speech/> after the change has been made and print a copy of your license.

**Please indicate if you would like a new pocket card or wall certificate and remit the requisite payment**

Wall Certificate \$10

Pocket-card \$10

**Type of License:**       Speech-Language Pathologist       Speech-Language Audiologist  
     Speech-Language Pathology Assistant

License Number: \_\_\_\_\_

**Current Name on License:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**New Name:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Mailing address: \_\_\_\_\_

Current Mailing address: \_\_\_\_\_

**I certify that the above information is true and correct.**

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_