



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800

Austin, Texas 78701-3942

(512) 463-6400 Fax (512) 649-1658

www.tsbde.texas.gov

NAME CHANGE REQUEST FORM

Instructions: This form must be completely filled out. This form requires a legible copy of the legal documentation which reflects the name change (i.e., marriage license, divorce decree, court order, etc.). Please allow two weeks for our records to be updated. Effective September 1, 2021 the Texas State Board of Dental Examiners now allows a licensee or registrant to print a renewal certificate from the Board's website. This option will only be available for those who hold a current/active license or registration.

License/Registration Type Check (✓) one:

Dentist (DDS)

Registered Dental Hygienist (RDH)

Registered Dental Assistant (RDA)

I am submitting a copy of the following legal documentation to support this name change: Check (✓) one

New Marriage License Divorce Decree (must state the name change)

Court Order Other (copy of driver's license, passport, etc)

Social Security #:

License/Registration #:

Current Information

First Name

Middle Name

Last Name

New Information: Documentation submitted must support this change.

First Name

Middle Name

Last Name

Current Address:

City

State

Zip

Permanent Address:

City

State

Zip:

Work Address:

City

State

Zip

Preferred mailing address: (preferred address will be made available to the public)

Current

Permanent

Work

Daytime Phone #:

Email Address:

***Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.**

Signature

Date