

Board of Licensed Social Workers State of Oklahoma



OKLAHOMA

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INFORMATION UPDATE FORM

License Type: LSWA LMSW LSW LCSW LSW-Adm N/A License #:

Preferred Mailing Address Home Work

What Contact Information Are You Updating? Home Work Name Change

Name We Currently Have on File:

Agency Name (if applicable) We Currently Have on File:

Address We Currently Have on File:

City: State: Zip Code:

E-Mail We Currently Have on File:

Primary Phone We Currently Have on File:

New Contact Information Home Work Name Change

Name:

Agency Name (if applicable):

Address:

City: State: Zip Code:

E-Mail:

Work Phone: Cell Phone:

Date

Signature