



**Dyslexia Therapist and Dyslexia Practitioner
Licensing Program**

Change of Address Form

Full Name: _____

License Number: _____

License Type (Therapist or Practitioner): _____

Note: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your change of address.

Previous Address		New Address	
Street		Street	
City, State, Zip		City, State, Zip	
Phone #		Phone #	

Mail To:

**Dyslexia Therapist and Dyslexia Practitioner Licensing Program
P.O. Box 149347
Mail Code 1982
Austin, TX 78714-9347**

**Phone Number: 512-834-6628
Fax: 512-834-6677**

www.dshs.state.tx.us/dyslexia