



**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. Your mailing address will appear on the Dyslexia Therapist and Dyslexia Practitioner rosters (on our website).

<b>Previous Mailing Address</b>		<b>New Mailing Address</b>	
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: 512-834-6656**

**Fax: 512-834-6677**

[www.dshs.state.tx.us/dyslexia](http://www.dshs.state.tx.us/dyslexia)