

CHANGE OF ADDRESS AND/OR CONTACT INFORMATION

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|--|-------------|--------------------|-------------|------------------------|--|
| <input type="checkbox"/> | Intern | ID # | | Change Effective Date: | |
| <input type="checkbox"/> | Pharmacist | License # | | | |
| <input type="checkbox"/> | Technician | Registration # | | | |
| Name | | | | | |
| <i>NEW HOME/RESIDENCE ADDRESS AND TELPHONE NUMBERS: (REQUIRED)</i> | | | | | |
| Street | | | | | |
| City | | State | | Zip | |
| Home Telephone | (Area Code) | Business Telephone | (Area Code) | | |
| <i>You May Elect To Have Your Home/Residence Address And Telephone Number Kept Confidential (Not Open To Public) By Providing An Address Of Record (Open to Public).</i> | | | | | |
| <i>ADDRESS OF RECORD:</i> | | | | | |
| Street | | | | | |
| City | | State | | Zip | |
| Home Telephone | (Area Code) | | | | |
| <i>PREVIOUS ADDRESS AND TELEPHONE NUMBERS</i> | | | | | |
| Street | | | | | |
| City | | State | | Zip | |
| Home Telephone | (Area Code) | Business Telephone | (Area Code) | | |

A copy of this notification must be kept in your records for two years. Keeping this information current with the Board office will assure receipt of renewal notices and other Board communications in a timely manner.

Mail or fax completed form to:

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701
Fax: (512) 305-8075

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| KEEP A COPY OF THIS NOTIFICATION IN YOUR FILES |
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