



**GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**  
**PROFESSIONAL LICENSING BOARDS**  
237 COLISEUM DRIVE  
MACON, GA 31217  
(478) 207-2440

**NAME CHANGE REQUEST FORM**

License Number: \_\_\_\_\_ SSN Number: \_\_\_\_\_

Current name (as it appears on license): \_\_\_\_\_

New Name: \_\_\_\_\_  
PLEASE PRINT CLEARLY (last name, first name, middle name)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
(Your email address will not be shared with third parties.)

**Attach a copy of one of the following if applying for a change of name:**

- \_\_\_\_\_ Marriage Certificate
- \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ Name change approval documents from the court

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE