



CHANGE OF ADDRESS NOTIFICATION

**Complete this FORM to notify the Board of your
address change AFTER you submit your application.**

Date Form Completed:

Effective Date:

Full Name:

Mr./Ms. LAST Name FIRST Name MIDDLE Name

NEW! Address:

Street Address:

City State Zip

Previous Address:

Street Address:

City State Zip

Day Telephone: ()

Signature (required if submitting by mail):

SIGNATURE REQUIRED!

Date:

mm/dd/yyyy

SUBMIT this FORM via your PORTAL or

Mail To:

Minnesota Board of Law Examiners
180 East 5th Street, Suite 950
St. Paul, MN 55101