



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