



**MISSISSIPPI
BOARD OF
PSYCHOLOGY**

P.O. Box 20 • Jackson, MS 39205
admin@msbop.ms.gov
(601) 576-2577
www.psychologyboard.ms.gov

Name Change Form

Previous Name: _____

New Name: _____

Any licensee whose name has changed must submit documentation of the change in the form of a copy of Social Security card, marriage certificate, or divorce decree.

Submit documentation along with this name change form to the Board office.

Signature: _____ **Date:** _____