

CHANGE OF ADDRESS NOTIFICATION

Complete this Form to notify the Board if your address changes AFTER you have submitted your application. Submit this Form via your Portal or mail to:

Minnesota Board of Law Examiners

25 Rev. Dr. Martin Luther King Jr. Blvd., Suite 110

St. Paul, MN 55155

Date Form Co	mpleted:		mm/dd/yyyy			
Effective Date	: :		mm/dd/yyyy			
Applicant Nar	ne:					
New Address		First	Middle		Last	
Street Addres						
		City			State	Zip
Previous Add	ress					
Street Address:						
		City			State	Zip
Day Telephon	e:	()				
			1			
Signature:			Date:			
I.	Required if submitting by mail			mm/dd/yyyy		