



Federation of State Massage Therapy Boards

CHANGE OF CONTACT INFORMATION FORM

Please complete the following information and return to FSMTB via fax or mail using the information listed at the bottom of this Form. *In order to process your change of address, we need to verify your identity by matching your birth date. Changes cannot be made if we are unable to verify your birth date and previous address.

PREVIOUS CONTACT INFORMATION

NAME	FIRST	M.I.	LAST
DATE OF BIRTH*	MM	DD	YYYY
PREVIOUS STREET			
PREVIOUS APARTMENT/SUITE NUMBER			
PREVIOUS CITY		PREVIOUS STATE	PREVIOUS ZIP CODE
PREVIOUS HOME PHONE		PREVIOUS WORK PHONE	PREVIOUS CELL PHONE
EMAIL			

NEW CONTACT INFORMATION

NEW STREET			
NEW APARTMENT/SUITE NUMBER			
NEW CITY		NEW STATE	NEW ZIP CODE
NEW HOME PHONE		NEW WORK PHONE	NEW CELL PHONE
CURRENT EMAIL			

Submit the completed Form to FSMTB

By Mail: FSMTB, P.O. Box 198748, Nashville, TN 37219
OR
By Fax: 615.846.0153