Federation of State Medical Boards (FSMB)
Examination Services
Suite 300
400 Fuller Wiser Rd.
Euless, TX 76039-3856
Telephone (817) 868-4041
Fax: 817-868-4098

To change the address on your official FSMB record, the FSMB requires this signed authorization request form. Please complete this form (**type or print**) and mail it to the above address or fax to (817) 868-4098. Telephone calls or e-mails are not accepted for this purpose.

YOUR ADDRESS WILL NOT BE CHANGED IN OUR RECORDS UNTIL WE RECEIVE THIS FORM.

Last Name _____ First Name _____ Middle Name _____

USMLE Identification # (if known) ___ ___ ___ ___ ___ ___ ___ ___ ___ Date of Birth _____ Social Security or National Identification # _____

I authorize the FSMB to change my address, phone number and e-mail (if applicable) on my official record to:

Apartment #, Suite # or P.O. Box # _____

Street Address _____

City, State, Zip Code _____

Phone Number(s) _____

E-mail Address _____

I certify that the information I have submitted to the FSMB is true and accurate and authorize the FSMB to update their records according to the information I have provided.

Signature: _____ Date: _____/_____/_____
Month Day Year