



Federation of State Medical Boards (FSMB)  
Examination Services: Address Change  
P.O. Box 619850  
Dallas, Texas 75261-9850  
Telephone (817) 868-4041

### Address Change Authorization Request Form

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.**

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_____	_____	_____
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