

Tennessee Board of Court Reporting

Administrative Office of the Courts
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37219
615/741-2687 or 800/448-7970
FAX 615/253-2922

CHANGE OF INFORMATION NOTICE

Current Information

Name _____
(Last) (First) (Middle)
Residential Address: _____ City: _____ State _____ Zip _____
Business Address: _____ City: _____ State _____ Zip _____
Home Phone: _____ Business Phone _____ Other: _____
County: _____ E-mail: _____ LCR # _____
Social Security Number: _____ D.O.B: __/__/____ (mm/dd/yyyy) () Male () Female

New Information

Name _____
(Last) (First) (Middle)
 Residential Address: _____ City: _____ State _____ Zip _____
 Business Address: _____ City: _____ State _____ Zip _____
Indicate address you wish to be published.
Home Phone: _____ Business Phone _____ Other: _____
County: _____ E-mail: _____ Website _____

____ I am requesting change of information that does not require a replacement of my current license (address change, etc.

____ This is a request for a legal name change which requires replacement of my current license card. I have attached copies of at least one of the following documents, regarding legal name change (Marriage Certificate, Divorce Decree, Court Order, Other: _____).

I, _____, acknowledge and state that all of the information supplied in this document is true and correct. I acknowledge that any false or untrue statements or representation made in this application may result in the revocation or denial of any license to practice court reporting granted to me and criminal prosecution to the fullest extent of the law.

Signature

Date