

# Tennessee Board of Court Reporting



DEPARTMENT OF COMMERCE & INSURANCE  
REGULATORY BOARDS  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243  
Phone: 615-741-3449  
Fax: 615-253-1692

## CHANGE OF INFORMATION NOTICE

### Current Information

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_ ( ) Male ( ) Female

### New Information

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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 \_\_\_\_\_

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\_\_\_\_ I am requesting change of information that does not require a replacement of my current license.

\_\_\_\_ 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