



CHANGE OF INFORMATION FORM

PCS Cosmetology / Barber

- Address change- Name, date of birth, old address, new address, your signature is required.
- Name change- Previous name, date of birth, new name, date of birth, copy of marriage certificate, or security card, court documents or driver's license (legal documentation) and your signature is required.
- Social Security Number (SSN) change – Name, previous SSN, copy of U.S. Social Security ID Card, and your signature is required.

*=Required regardless of other changes. I am applying for a license in the state of: _____

INFORMATION CURRENTLY ON RECORD

*Name _____
First MI Last/ Name

*Date of Birth: _____ US SSN (if changing): _____

Address: _____

Apt: _____ Phone #: _____

City: _____ State: _____

Zip Code: _____ Country/Province: _____

Email: _____



NEW INFORMATION

*Name _____
First MI Last/Surname

*Date of Birth: _____ US SSN (if changing): _____

Address: _____

Apt: _____ Phone #: _____

City: _____ State: _____

Zip Code: _____ Country/Province: _____

Email: _____

 *Candidate Signature

 *Date

FOR OFFICE USE ONLY

Change made by _____ Date _____

FAX COMPLETED FORM TO: 615-846-0153 ATTN: COSMETOLOGY DEPARTMENT