

**NATIONAL CONFERENCE OF BAR EXAMINERS  
RESIDENTIAL ADDRESS AMENDMENT FORM**

To report changes in your residential address complete the items below. Be sure to account for any gaps in residences e.g., traveling abroad. Submit all changes via facsimile, fax number (608) 442-7980, to NCBE ATTN: Intake Department **OR** mail changes to the address noted at the bottom of this page.

Name \_\_\_\_\_  
*First Middle Last Social Security Number*

My residential address has changed.

As of \_\_\_\_/\_\_\_\_/\_\_\_\_ I no longer reside at:  
*(Month/Day/Year)*

*Address* \_\_\_\_\_

*City* \_\_\_\_\_

*State Zip Country if not United States* \_\_\_\_\_

My current address became effective as of \_\_\_\_/\_\_\_\_/\_\_\_\_.  
*(Month/Day/Year)*

My new residential address is (do not list a Post Office Box):

*Address* \_\_\_\_\_

*City County* \_\_\_\_\_

*State Zip Country if not United States* \_\_\_\_\_

If your mailing address is different than that of your residential address please provide it below.

*Address* \_\_\_\_\_

*City County* \_\_\_\_\_

*State Zip Country if not United States* \_\_\_\_\_

If your phone number(s) has changed provide your new phone number(s) below.

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Home Office Cell*

\_\_\_\_\_  
*Name Signature Date*