

# Acknowledgment of Address Change

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm the receipt of my address change request for my professional licensing. My previous address was [Old Address], and I would like to update it to my new address: [New Address].

Please update your records accordingly and let me know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your License Number]