



## CHANGE OF CONTACT INFORMATION FORM

MISSISSIPPI CONTINUING LEGAL EDUCATION

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MS Bar #	
Current Information	New Information
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:
Firm Name:	Firm Name:
Firm Address:	Firm Address:
Firm Phone:	Firm Phone:

*\*If you are changing your name, please provide documentation to support name change.*

Signature \_\_\_\_\_ Date \_\_\_\_\_