

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF HEALTH PROFESSIONS  
Board of Optometry  
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**CHANGE OF ADDRESS FORM**

**PLEASE COMPLETE AND RETURN TO THE BOARD OF OPTOMETRY  
AS SOON AS POSSIBLE. PLEASE PRINT.**

**\*\*\*NOTE.....Please mark the box new to the address you would prefer to list as your  
mailing address.**

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