

## Administrator Licensing – Change in Contact Information

Use this form to update HHS' information on how best to contact you.

**Instructions:** Enter your new contact information. An asterisk (\*) denotes a required field.

**Note:** Any contact information provided on this form will be added to the Licensed Administrators Directory and will be visible on the public website.

### New Contact Details

Administrator ID:			
Prefix:		Suffix:	
*First Name:	*Last Name:	Title:	
*Contact Area Code and Phone No.:		*Work Area Code and Phone No.:	
Operation Name <i>(if applicable)</i> :			
*Street Address:	*City:	*State:	*ZIP Code:
*Email Address:			

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

### Signature

\_\_\_\_\_  
**Signature of Licensed Administrator**                      **Date Signed**

After completing this form, submit it by fax, email, or mail to the address below:

Via Mail:  
**Texas Health and Human Services Commission**  
**Administrator Licensing**  
**RCCL Mail Code 1732**  
**P.O. Box 16017 Houston, Texas 77222**

Via Fax:  
**512-276-3048**

Via Email:  
[CCRLICADM@hhs.texas.gov](mailto:CCRLICADM@hhs.texas.gov)