

Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure 75 Pleasant Street, Malden, Massachusetts 02148 Telephone: (781) 338-3000 TTY: N.E.T. Relay (800) 439-2370

Request for a Name Change / Hard Copy License

Please check all that apply:

%Request for a Name Change %Request for a Hard Copy License

Please complete all areas of this form so that we may process your request in a timely manner. Please type or print.

Current Last Name	Previous Last Name	First Name		MI	
Street Address and Apartment Numbe	er (<i>if any</i>)				
City			State	Zip Code	
E-mail Address					
Date of Birth (Month/Day/Year)	Social Security Number or MEPID	MAE	MA Educator License Number		

For a Name Change:

³/₄ Please enclose valid evidence (*e.g. copy of marriage license or SS # card*) to change the name in your ELAR profile.

For a Hard Copy License:

³/4 \$25.00 fee: please enclose a certified check or money order payable to the Commonwealth of Massachusetts. If you prefer to use MasterCard or Visa please use the Office of Educator Licensure Charge Form. Please note that we do not accept personal checks.

Please print out this form and sign below. Please send to:

Massachusetts Department of Elementary and Secondary Education Office of Educator Licensure 75 Pleasant Street Malden, MA 02148-4906

Signature (Current Name)

Massachusetts Department of							
	Elementary and Secondary Education						
	Office of Educator Licensure 75 Pleasant Street, Malden, Massachuse	•	Telephone: (781) 338-3000 TTY: N.E.T. Relay (800) 439-2370				
Charge Card Authorization form: MASTERCARD and VISA accepted							
Please complete all areas of this form so that we may process your payment in a timely manner. Please type or print.							
1. Applicant Information	n:						
Applicant's Full Name:							
Applicant's Social Security Number: or MEPID:							
2. Card Holder Information:							
Card Holder's Last Name		Card Holder's First Name		MI			
Card Holder's Address, Street and Apartment number (<i>if any</i>)							
Card Holder's City/Town		State	Zip Code				
3. Credit Card Information:							
Please check the credit card you are using to process your payment:							
□ MASTERCARD □ VISA							
ACCOUNT #:	ACCOUNT #: Expiration Date (Month/Year): ()						
FEES:							
\$100.00 for "First" license/Primary Area							
\$25.00 for each New Field and Grade Level/Additional Area, or Hard Copy License							
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