



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 Number (*if any*)

City State Zip Code

E-mail Address

Date of Birth (Month/Day/Year) Social Security Number or MEPID 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)

