

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.

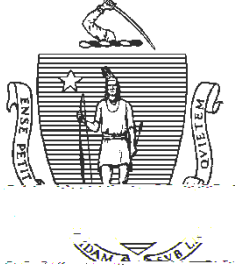
For a Hard Copy License:

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)



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

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:

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 (if any)

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 #: _____ - _____ - _____ - _____ 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

Please apply payment to:

Academic Prek-12 Licensure License Renewal Vocational Licensure

Adult Basic Education Licensure Hard Copy License Request

Total Payment: \$ _____

Credit Card Holder's Signature

Date