



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)



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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:

_____ MI

Card Holder's Last Name Card Holder's First Name

Card Holder's Address, Street and Apartment number (if any)

_____ State Zip Code

Card Holder's City/Town

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: \$ _____

_____ Date

Credit Card Holder's Signature