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:

- 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:

- **$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) _____ **Date** _____

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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:

_____ _____ _____

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