



REQUEST FOR UPDATE TO ELMS ACCOUNT

Educator Licensure Management System (ELMS) account update requests shall be notarized and submitted by mail with appropriate documentation. Supporting documentation shall be a valid, unexpired, clearly legible photocopy to be accepted.

Update Requested: Name Change Correct Social Security Number Correct Date of Birth

Name (First and Last): _____

Date: _____ **Social Security Number:** _____

Educator ID: _____ **Date of Birth:** _____

Name Change From:

Title First Middle Maiden Last Suffix

To:

Title First Middle Maiden Last Suffix

SUPPORTING DOCUMENTATION

Please indicate which **one** of the following supporting documents are included with this application. Requests to correct social security number on account **SHALL** include a copy of the educator's social security card.

Federal ID Card State ID Card Social Security Card Driver's License

Birth Certificate Marriage License Divorce Decree Passport

This form shall be notarized and submitted by postal mail only.

Mail to:

Mississippi Department of Education
Office of Educator Licensure
P. O. Box 771
Jackson, MS 39205-0771