

REQUEST FOR NAME CHANGE

Name Change requests must be notarized and submitted by mail with appropriate documentation.

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

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

From:

Title	First	Middle	Maiden	Last	Suffix
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To:

Title	First	Middle	Maiden	Last	Suffix
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SUPPORTING DOCUMENTATION

Please indicate which one of the following supporting documents are included with this application.
Supporting documentation must be a valid, unexpired, clearly legible photocopy to be accepted.

- | | | |
|---|---|---|
| <input type="checkbox"/> Federal ID Card | <input type="checkbox"/> State ID Card | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Marriage License/Certificate | <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Passport |

This form must 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