



Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-3000
TTY: N.E.T. Relay (800) 439-2370

Request For A Name Change / Duplicate License

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

Mass License Number

Field(s) of Licensure: _____

NOTE:

- Please enclose valid evidence (*e.g. copy of marriage license or SS # card*) to change the name on your ELAR profile.
- **\$25.00 fee for a duplicate license.**
- Please enclose a **certified check or money order** payable to the **Commonwealth of Massachusetts**. If you prefer to use **Master Card or Visa** please use the Office of Educator Licensure Charge Form.
- Please send this request to: **Office of Educator Licensure**
75 Pleasant Street
Malden, MA 02148-4906
- I am only requesting a name change and I do not require a duplicate copy of my license.
(Please check if this applies)

Signature

Date