



# 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

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Last Name	First Name	Middle Initial
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Street Address

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City	State	Zip Code
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Date of Birth	Social Security Number	Mass License Number
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Field(s) of Licensure: \_\_\_\_\_

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### 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)

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Signature

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.

## 1. Applicant Information

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## 2. Card Holder Information

Card Holder's Last Name \_\_\_\_\_ Card Holder's First Name & Middle Initial (if any) \_\_\_\_\_

Card Holder's Address, Street and Apartment Number, *if any* \_\_\_\_\_

Card Holder's City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 3. Credit Card Information

Please CIRCLE the credit card you are using to process your application.

**MASTERCARD**      **VISA**

ACCOUNT # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

### FEES

\$100.00 for "First" license/Primary Area

\$ 25.00 for each New Field and Grade Level/Additional Area, or Duplicate License

Please apply payment to:  PreK-12  Renewal  Vocational  ABE  Duplicate License

Total Payment: \$ \_\_\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_