

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

MA Educator License Number

Request for a Name Change / Hard Copy License

Please check all that apply: □ Request for a Name Change □ Request for a Hard Copy License

Current Last Name	Previous Last Name	First Name	MI
Street Address and Apartment	Number (if any)		
City		State	Zip Code

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.

Social Security Number or MEPID

For a Hard Copy License:

Date of Birth (Month/Day/Year)

\$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 pa	yment:					
☐ MASTE	CRCARD USA					
ACCOUNT #:	Expiration Date (Mont	h/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 ap	pply payment to:					
☐ Academic Prek-12 Licensure ☐	License Renewal	nal Licensure				
☐ Adult Basic Education Licer	sure	Request				
Total Payment: \$						
Credit Card Holder's Signature	Date					