

NAME CHANGE REQUEST

In order for your name change request to be processed, this form must be completed in its entirety and mailed to our office. Incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification. Additionally, please apply on-line for this name change request and pay the fee of \$20.00. The on-line application and payment may be completed at: www.state.nj.us/education/educators/license/tcis

Teacher Certification Information System Tracking Number: _____

A. New Name. Please print your new name as it appears on your Social Security Card

Last Name	First Name	Middle Name/Initial

B. Previous Name. Please print your previous name.

Last Name	First Name	Middle Name/Initial

C. Has your address changed? Indicate if the address you will enter into Section D is a new address for you. Circle the correct response.

My address has changed along with my change in name	Yes	No

D. Licensee's Current Address and Identification Information

Street Address		
City	State	Zip
Social Security Number	Date of Birth (mm/dd/yyyy)	

E. SUBMISSION OF IDENTIFICATION INFORMATION

The licensee is required to submit *no less than three* types of identification, including the mandatory photocopy of an individual's social security card, on which the licensee's new name must appear. Clear and legible photocopies of the card and papers should be attached to this form.

Once completed, the form and any attachments should be forwarded to: New Jersey State Department of Education, Office of Certification and Induction, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Name Change Request.

PLEASE COMPLETE SECTIONS ON NEXT PAGE

ACCEPTABLE DOCUMENTATION	
	Indicate with check-mark if attached.
COURT ORDER: Or other legal paperwork showing the official name change MUST be submitted.	
SOCIAL SECURITY CARD. A photocopy of the applicant's social security card <i>must</i> be submitted as one of three types of identification for the purpose of changing an individual's name. If your card has been lost, a replacement will need to be issued. To request a replacement card, please contact the Social Security Administration at 1-800-772-1213 or go to http://www.ssa.gov/ssnumber and click on Replacement Card. The remaining two items may be selected from the items listed below. Change requests that do not include a photocopy of the social security card, will be rejected.	REQUIRED
<i>In addition to a copy of the applicant's social security card, select 2 of the following items for submission. These forms of ID may appear in either your former or new name.</i>	
1 Valid Marriage License	
2 Certificate of Birth (Raised Seal Copy)	
3 New Jersey or Out-of-State Auto Operator License	
4 United States Passport (current or expired within 3 years)	
5 Adoption Papers	
6 Certificate of Citizenship	
7 Certificate of Naturalization	
8 United States Military Photo ID Card	
9 New Jersey Non-Driver Digital ID Card	

F. CERTIFICATION	
Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.	
	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state?	Yes No
Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States?	Yes No

<p>Mail this form and your attachments to:</p> <p style="text-align: center;">New Jersey State Department of Education Office of Certification and Induction P.O. Box 500 Trenton, New Jersey 08625-0500</p> <p style="text-align: center;">Attention: Name Change Request</p>
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PLEASE COMPLETE SECTIONS ON NEXT PAGE

G. Verification of Accuracy	
I certify that all statements and information provided herein are true and accurate.	
Applicant's Signature	Date (mm/dd/yyyy)

Notary Seal	Notary Signature
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Sworn to before me this _____ day of _____, 20_____