



# NAME/ADDRESS CHANGE FORM

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	U.S. SOCIAL SECURITY NUMBER

MAILING ADDRESS	CITY	STATE	ZIP CODE

HOME PHONE NUMBER	WORK PHONE NUMBER	GENDER

EMAIL ADDRESS

BIRTHDATE (MM-DD-YYYY)			FORMER LAST NAME(S)	HIGHEST EDUCATIONAL DEGREE	

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO MAINTAIN CURRENT INFORMATION, INCLUDING NAME AND MAILING ADDRESS, ON FILE WITH THE TEACHER CERTIFICATION OFFICE. (4 AAC 12.415)**

**ALL NAME CHANGES MUST BE SUPPORTED WITH A PHOTOCOPY OF THE LEGAL DOCUMENT VERIFYING THE CHANGE.**

## COPY OF CERTIFICATE

- Send a new certificate. The required duplicate certificate fee is \$25.
- Do not send a duplicate certificate.

## FEE SCHEDULE

THE FEE FOR A DUPLICATE CERTIFICATE IS \$25.00 PER CERTIFICATE. YOU MAY PAY WITH A CASHIER'S CHECK (PAYABLE TO EED), MONEY ORDER, OR CREDIT CARD. FEES ARE NON-REFUNDABLE. *DEBIT CARDS OF ANY KIND WILL NOT BE ACCEPTED.* **DUPLICATE CERTIFICATES WILL BE MAILED TO THE CERTIFICATE HOLDER, NOT TO A SCHOOL DISTRICT OR OTHER THIRD PARTY.**

PLEASE INDICATE:

TYPE OF PAYMENT:  VISA     MASTERCARD     CHECK # \_\_\_\_\_     MONEY ORDER # \_\_\_\_\_

2	5	.	0	0
AMOUNT				

CREDIT CARD NUMBER							EXPIRATION DATE (MM/YY)	

NAME ON CREDIT CARD \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

## SIGNATURE

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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