



**Alabama State Department of Education
Educator Certification Section**

5215 Gordon Persons Building
Post Office Box 302101
Montgomery, AL 36130-2101

Telephone: (334) 694-4557
www.alsde.edu/EdCert

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

- This is to request a change of **address** on my records in the Educator Certification Section.
No fee is required for this action. A new certificate will not be issued.
- This is to request a change of **name** on my records in the Educator Certification Section.
No fee is required for this action. A new certificate will not be issued.

APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)

CURRENT ADDRESS:

Street/Apt./P.O. Box/Route and Box	City	State	ZIP Code

Cell Telephone	Home Telephone	Work Telephone	E-mail Address
()	()	()	

Social Security Number	Date of Birth (mm-dd-yyyy)
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CITIZENSHIP OR NATIONAL STATUS *(Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)*

- Yes No I declare that I am a citizen of the United States; **OR**
- Yes No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

I certify that all information pertaining to this application form is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NONISSUANCE OF YOUR CERTIFICATE.

Date

Signature of Applicant