



# Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure  
75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-6600  
TTY: N.E.T. Relay (800) 439-2370

## Request for a Name Change

Please complete all areas of this form (type or print). Submit this form together with a copy of an official name change document as evidence (see options noted below), so that we may process your request in a timely manner. There is no fee for a name change.

- Please enclose/include valid evidence of name change (e.g. copy of Marriage License and/or Divorce Decree, Social Security Card, or Driver’s License).
  - Requests to change a name to a hyphenated name, for example: Connolly-Jones, must include valid evidence of this change (e.g. Social Security Card with hyphenated name as your valid evidence)
  - Requests to change middle and last name, for example using your maiden name as your middle name, must include valid evidence of this change (e.g. middle name on Social Security Card is your maiden/prior last name).

Current Last Name	Previous Last Name	First Name	MI
-------------------	--------------------	------------	----

Street Address and Apartment Number (if any)

City	State	Zip Code
------	-------	----------

Email Address

Date of Birth (Month/Day/Year)	Social Security #	MEPID# or MA License #
--------------------------------	-------------------	------------------------

**Please print out this form and sign below.**

Signature (Current Name)	Date
--------------------------	------

- The signed and dated *Request for a Name Change* form and supporting documentation can be:
  - **Uploaded directly into your ELAR account (fastest method).**
    - Login to ELAR at [www.mass.gov/ese/licensure](http://www.mass.gov/ese/licensure)
    - On the **Welcome to ELAR** screen, click on the [Check license status and history, make a payment](#) link
    - On the **Inquiry – Activity Summary** page, scroll towards the bottom and click on the [Upload Documents](#) button and follow prompts – click on [Upload Help](#) for any needed additional guidance.

**Please note:** When choosing the Document Type, please select: **Proof of Name Change**
  - **Or, mailed to:** Massachusetts Department of Elementary and Secondary Education  
Office of Educator Licensure  
75 Pleasant Street  
Malden, MA 02148-4906