

# Name Change Form

**DO NOT USE THIS FORM IF YOU NEED TO CHANGE YOUR ADDRESS ONLY. TO ONLY CHANGE YOUR ADDRESS, SUBMIT A CONTACT US FORM AT <https://eservices.nysed.gov/professions/contact-us/#/>**

**Instructions:** Use this form to report a change in your name. Read these instructions carefully and complete all applicable sections of this form. Be sure to print clearly in ink.

**You must include acceptable supporting documentation from one of the options listed below. DO NOT send original documents, ONLY submit copies of supporting documentation.** Acceptable supporting documentation includes:

**Option One:**

- A **copy** of one (1) of the following documents authorizing your name change: a court order, marriage certificate, divorce papers, amended birth certificate or naturalization papers authorizing your name change, **AND**
- A **copy** of a government issued photo ID in your new name.

**Option Two** (You will **need** two (2) of the following sets of supporting documentation):

- A letter from the Social Security Administration indicating both your old and new names.
- **Copies** of both old **and** new driver's licenses.
- **Copies** of both old **and** new New York State non-driver photo ID cards.
- **Copies** of both old **and** new Social Security Cards.
- **Copies** of both old **and** new passports.
- **Copies** of both old **and** new U.S. Military photo ID cards.

**Be sure to sign and date the affidavit in Section IV before submitting the completed form along with copies of any required documentation to the Office of the Professions at the address at the end of the form.**

**FAILURE TO COMPLETE ALL REQUIRED PARTS OF THIS FORM AND/OR INCLUDE ANY COPIES OF REQUIRED DOCUMENTATION WILL DELAY ITS PROCESSING.**

Licensed professionals can check the Office of the Professions' web site at [www.op.nysed.gov](http://www.op.nysed.gov) to verify your name, city, state, registration expiration date, and license number on record.

**NOTE:** Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

## Section I - General Information

1. Your Name **Currently** on Record: \_\_\_\_\_

2. Social Security Number \_\_\_\_\_

3. Birth Date      Month              Day              Year

4. Contact Information

Telephone Number \_\_\_\_\_  Home     Business

Current Email \_\_\_\_\_  Home     Business

5. Effective date of change \_\_\_\_\_ (Note: Changes cannot be accepted until **after** the effective date)

6. I am (check one):

an applicant for licensure in New York State

currently licensed in New York State

For/In the profession\* of \_\_\_\_\_

**Licensee business phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

\*For a list of professional titles licensed under Education Law, visit the Office of the Professions' website at [www.op.nysed.gov](http://www.op.nysed.gov).

If you are currently licensed, enter your New York State license number

**Section II - Updated Information**

OLD Name Currently on Record	NEW Name You are Changing to
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Name or Initial _____	Middle Name or Initial _____

**Complete only if Applicable:** Is this **new** address a  Home address, or  Business address  
 Licensee business addresses are public information. Failure to indicate if the new address is business or home will deem it public information.

OLD Address Currently on Record	NEW Address You are Changing to
Apartment/Building _____	Apartment/Building _____
Street _____	Street _____
City _____	City _____
State _____	State _____
ZIP Code _____	ZIP Code _____
Province or Country (If not U.S.) _____	Province or Country (If not U.S.) _____

**Section III - Replacement Documents for Licensees**

Licensed professionals who are currently registered will be sent an updated registration certificate in their **NEW** name. Also, if you would like to replace your existing license parchment with one in your **NEW** name, check below **AND enclose a \$10 check or money order made payable to the New York Education Department**. If possible, you must also return your old parchment to the Office of the Professions at the address at the end of the form or attest to its destruction.

I am requesting an updated license parchment in my **NEW** name.

Also, I attest that my original license parchment (check one):

- will be, or already is shredded/destroyed.
- will be mailed back to the Office of the Professions.
- is lost.
- is stolen.

**Example License Parchment**

**Section IV - Affidavit**

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Submission of this Form for Applicants for New York State Licensure**

Mail this form to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services,  
 \_\_\_\_\_ \* Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**OR**, You can submit this form and copies of any required documentation to the Office of Professions directly on our [website](#). You will need your Application ID and Birth Date.

\*For a list of professional titles licensed under Education Law, visit the Office of the Professions' website at [www.op.nysed.gov](http://www.op.nysed.gov).

**Submission of this Form for Licensed Professionals**

Mail this form and fee to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.

**OR**, You can submit this form and copies of any required documentation by email to [oparchiv@nysed.gov](mailto:oparchiv@nysed.gov).