



# APPLICATION FOR DUPLICATE OR AMENDMENT TO PERSONAL INFORMATION

APPLICANT NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT**  
**Both pages of application must be completed and submitted.**

**NOTE: If you are requesting a name change you must submit a photocopy of the notarized or certified marriage license/certificate, divorce decree or court order that has generated the legal change of name.**

## TO BE COMPLETED BY APPLICANT

Please complete Part I & Part II on all requests:

### PART I - Previous Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

### PART II - Current Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

**If you are requesting a duplicate of your license you must complete Part II, and Part III. Part IV is to be completed by a Notary Public.**

### PART III - Request for Duplicate of License (Requires completion of Part IV also)

Please send a duplicate of my:

\_\_\_\_\_ Teacher License    \_\_\_\_\_ Administrator License    \_\_\_\_\_ Other \_\_\_\_\_

*(list other type of license here)*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Application must be signed)*

## PART IV - TO BE COMPLETED BY NOTARY

State of \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_ personally appeared  
*(Applicant)*

before me, \_\_\_\_\_, a Notary Public in and for said County. Sworn and subscribed before me  
*(Name of Notary)*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Place Notary Seal here.*

\_\_\_\_\_  
*(Notary Signature)*