



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](http://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)
-   -	-   -

**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