

Alabama State Department of Education  
Educator Certification Section



REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

FORM CON

To initiate the name and/or address change, please complete this form and email it to [edcertexternalforms@alsde.edu](mailto:edcertexternalforms@alsde.edu).

A fee is not required for these actions, and a new certificate will not be issued.

ALSDE ID:	Email Address:
Phone Number (Cell):	Phone Number (Home):

Acceptable Documents to Substantiate Name and/or Address Change (check one)

A copy of the document must be submitted with this Form CON.

☐ Valid Government Issued Identification ☐ Birth Certificate

☐ This is to request a **change of name** on my records in the Educator Certification Section.

Former Name		
First Name	Middle Name	Last Name
CURRENT Legal Name (as it appears on official documents being submitted)		
First Name	Middle Name	Last Name

☐ This is to request a **change of address** on my records in the Educator Certification Section.

Current Mailing Address			
Street/Apt/P O Box	City	State	Zip

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