



**State of New Hampshire, Department Of Education**  
**Bureau of Credentialing**  
 101 Pleasant Street  
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## Name / Address Change Form

~~ ALL AREAS ARE REQUIRED TO BE COMPLETED ~~

**If the form is not completed, the form will be returned to you.**

**OLD INFORMATION:**

Educator ID #:  **OR** Social Security Number:

I have changed my: (check appropriate box)  Name  Address

My former name on file is:   
 (please Type or Print clearly)

**NEW INFORMATION:**

Name:  Last  Maiden  First  MI

Are you: (check one)  No, not Hispanic or Latino  Yes, Hispanic or Latino

What is your race(s)? (Indicate one or more)

**\* Experience – In-state**

Public  Private

**\*Experience – Out of State**

Public  Private

\*Mailing Address:  Street or PO Box  City  State  Zip

Phone Home:  Alternate Phone:

Primary Email address:  Alternate Email address

Educator Signature  Date