

Name Change Authorization Form

PELSB
1021 Bandana Blvd. East
Suite 222
Saint Paul, MN 55108-5111

By signing this document you are agreeing to this statement:

"I hereby authorize the Professional Educator Licensing and Standards Board to change my name on my license record as provided by the enclosed supporting documentation and this completed form."

Directions: Provide information for each area below.

Date	File Folder Number	
Last Name	First Name	Middle Name
NEW Last Name	NEW First Name	NEW Middle Name

Birth Date (mm/dd/yyyy)	Telephone Number	
Mailing Address		
City	State	ZIP Code
Email Address (required – this is how PELSB will communicate with you)		

Required Verification – Check the reason for your name change

<input type="checkbox"/>	Marriage	Send a COPY of the marriage certificate. If you are unable to provide a copy of the marriage certificate, provide a copy of your driver's license or state ID card containing your correct legal name. <i>DO NOT mail the original document.</i>
<input type="checkbox"/>	Divorce	Send a COPY of the divorce decree stating the name change. <i>DO NOT mail the original document.</i>
<input type="checkbox"/>	Official Name Change by Court Decree	Send a COPY of the court decree of the name change. <i>DO NOT mail the original document.</i>

Complete, sign, and date this form and email all materials to PELSB@state.mn.us or return this form with a **COPY** of the required verification documents to:

Professional Educator Licensing and Standards Board
1021 Bandana Blvd. East, Suite 222
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The above information is true and correct to the best of my knowledge.

Applicant Signature:	Date:
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