



**State of New Hampshire, Department Of Education
Bureau of Credentialing**

101 Pleasant Street
Concord, N.H. 03301
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Fax: 603-271-4134
cert.info@doe.nh.gov

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