

Address/Name Change Form

The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Instructions: Use this form to report a change in your address and/or name. Please read these instructions carefully and be sure you complete the appropriate sections of this form. Please print clearly in ink.

- o **For address changes only:** Complete Sections I, II, and IV. **For address changes only**, you may fax this form to the Records and Archives Unit at 518-486-3617 or provide the required information by emailing oparchiv@nysed.gov. Your records will be updated. Currently registered licensed professionals will be sent a new registration certificate.

- o **For name changes only:** Complete Sections I, III, and IV. **Name changes** must be accompanied by supporting documentation.

Acceptable supporting documentation include:

A photocopy of a court, marriage certificate, or divorce papers authorizing your name change **and** a photocopy of a photo ID in your new name.

Or

Two (2) of the following sets of supporting documents:

- o A letter from the Social Security Administration indicating both your old and new names.
- o Copies of both old **and** new driver's licenses.
- o Copies of both old **and** new New York State non-driver photo ID cards.
- o Copies of both old **and** new Social Security Cards.
- o Copies of both old **and** new passports.
- o Copies of both old **and** new U.S. Military photo ID cards.

Other forms of identification may be acceptable as supporting documentation. Please contact the Records and Archives Unit by calling 518-474-3817 Extension 380 or by emailing oparchiv@nysed.gov before submitting.

- o **Be sure to sign and date Section IV.** Currently registered licensed professionals will be sent a new registration certificate. Also, if you would like to replace your existing license parchment with one in your **new** name, check the appropriate box in Section III and enclose your **original parchment** (your original parchment will be letter sized, 8.5 x 11 inches, and will not have your address on it). If your parchment has been lost, stolen or destroyed, be sure to include a note to that effect.
- o **For address and name changes:** Complete all sections.

Licensed professionals can check the Office of the Professions' web site at www.op.nysed.gov to verify your name, city, state, registration expiration date, and license number on record.

NOTE: Important information and registration renewals will be sent to the address on file for you. **You must notify the Department in writing within 30 days if your address or name changes.**

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

Section I - General Information

1. Name (currently on record) _____	
2. Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6. Effective date of change _____ (Note: Changes cannot be accepted until after the effective date)
3. Birth Date Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4. Contact Information Telephone Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Business Fax Number _____ <input type="checkbox"/> Home <input type="checkbox"/> Business Email _____ <input type="checkbox"/> Home <input type="checkbox"/> Business	7. Licensure status in New York State <input type="checkbox"/> I am an applicant for licensure in New York State for the licensed profession* of _____ <input type="checkbox"/> I am currently licensed in New York State in the profession(s)* of (attach additional sheets if necessary) _____
5. Type of change (check one) <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Both	New York State License Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *For a list of professional titles licensed under Education Law, visit the Office of the Professions' website at www.op.nysed.gov.

Section II - Address Change

Is this **new** address a Home address, or Business address

Licensee business address, phone and email address are public information. Failure to indicate if the new address is business or home will deem it public information.

Address currently on record	New Address
Apartment/Building	Apartment/Building
Street	Street
City	City
State	State
ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province or Country (If not U.S.)	Province or Country (If not U.S.)

Section III - Name Change

If you are reporting a name change, please sign using your **NEW** name in Section IV. **If you are currently registered you will receive a new registration certificate.**

Name currently on record	New Name
Last Name	Last Name
First Name	First Name
Middle Name or Initial	Middle Name or Initial

Check here if you wish to have your existing license parchment replaced with one in your **NEW** name. Enclose your **original parchment** and a **\$10 check or money order** made payable to the New York State Education Department with your request. You will be sent a new parchment. **Note:** your **original** parchment will be letter sized, 8.5 x 11 inches, and will **not** have your address on it.

Section IV - Affidavit

I declare and affirm that the statements above are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application or this notification may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature _____

Date _____

**Applicants
Mail to:**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services,

Unit, 89 Washington Avenue, Albany, NY 12234-1000

Indicate the profession you are applying for. For a list of professional titles licensed under Education Law, visit the Office of the Professions' website at www.op.nysed.gov

**Licensees
Mail to:**

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Records and Archives Unit, 89 Washington Avenue, Albany, NY 12234-1000.