*Updated November 2023*

***Virginia Department of Education***

***Department of Teacher Education and Licensure***

***PO Box 2120***

***Richmond, Virginia 23218-2120***

# FORM TO REQUEST A CHANGE OF NAME OR ADDRESS

**(Individuals employed in a Virginia public school are to submit requests through**

**their employing school divisions’ human resources/licensure office.)**

## PLEASE MARK THE REQUESTED ACTION:

## nAME CHANGE

## ADDRESS CHANGE

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## LICENSEE Information:

Name(First, Middle, Last):

Home Address:

City:       State:       Zip Code:

Phone: () -

E-mail Address:

Virginia Educator License Number or Social Security Number:

Virginia School Division Where Employed (if applicable):

***If requesting a name change****, please provide your former name (first, middle, and last):*

***If requesting an address change****, please provide former address:*