

KANSAS STATE BOARD OF EDUCATION CERTIFICATION NAME CHANGE

Mail to

Form 4-320-100

Certification and Teacher Education Team
 Kansas State Board of Education
 120 SE 10th Avenue
 Topeka, Kansas 66612-1182

If your name has changed, please print LAST name as shown on your MOST RECENT Kansas Certificate

Social Security Number

1	9 10 - 12

Name (First, Middle Initial, Last) as you wish it to appear on your certificate

21	80

Street Number or Box Number

1	1	
Card	21	50

City/State

Zip Code

	█	
51		78

Office Use Only

Update (03)

13 - 14

ACT	CD	Code
0 3	1 0	

		0
68	71	72

ISS _____
 EXP _____
 INITIAL _____

Applicant Signature _____ Date _____