NAME and/or ADDRESS CHANGES

1. Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___			
2. Name as you now wish it to appear **(First) (Middle) (Last)**			
3. List all prior names (maiden, alias, previous married, etc.)			
4. <u>PREVIOUS</u> Mailing Address	**City**	**State**	**Zip Code**
5. <u>NEW</u> Mailing Address	**City**	**State**	**Zip Code**
6. Birthdate (MM/DD/YYYY)	**7. Current Home Phone:** ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ **Current Work Phone:** ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___		
8. I certify that the information presented is true and complete to the best of my knowledge.			
Signature of Applicant	**Date**		

Mail to: **Teacher Licensure and Accreditation, KSDE, Landon State Office Building, 900 SW Jackson Street, Suite 106, Topeka, KS 66612-1212.**

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