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Commissioner of Education
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
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Contact:
Bureau of Credentialing
101 Pleasant Street
Concord, NH 03301
Tel: 271-2409

Name / Address Change Form

~ ~ ALL HIGHLIGHTED 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) _____

Years public school experience In-state ___ Out-of-state ___ Years non-public school experience In-state ___ Out-of-state ___

*Mailing Address: _____
Street or PO Box Town State Zip

Phone Home: _____ Alternate Phone: _____

Primary Email address: _____ Alternate Email address _____

SIGNATURE OF EDUCATOR

DATE

Rev: Feb 5, 2016