



AFFIDAVIT FOR CHANGE OF NAME

State Form 47870 (R7 / 5-08)

Approved by State Board of Accounts, 2007

<p>Indiana Department of Education Office of Educator Licensing and Development 101 W. Ohio Street, Suite 300 Indianapolis, IN 46204 Toll Free: 1-866-542-3672 Fax: (317) 232-9023 www.doe.in.gov/educatorlicensing</p>
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The information in this document is confidential according to IC 5-14-3-4(b)8.
This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1(a), first paragraph, and with 42 USC 666(a)13. Disclosure is mandatory; this record cannot be processed without it.

PLEASE NOTE: This affidavit must be accompanied by the original copy of your currently valid license(s); or if lost or destroyed, a Proof of Licensing form completed, and a limited criminal history report. No fee is required.

Please PRINT or TYPE.

STATE OF RESIDENCE _____		
COUNTY OF RESIDENCE _____		
Name as shown on license(s)		Social Security number
Change Name To:		
Full name		
Street address (number and street)		
City	State	ZIP code
Telephone number ()	E-mail Address	
Date of birth (month, day, year)	License number (if known)	
<p>The undersigned states that on _____ his/her name changed from <small>Date (month, day, year)</small></p> <p>_____ to _____</p> <p>and makes this affidavit for the purpose of requesting the Indiana Department of Education / Office of Educator Licensing and Development to change his/her name on the official records.</p>		
I certify that the information and documentation contained in this affidavit are true and accurate to the best of my knowledge and belief.		
Signature of applicant		Date signed (month, day, year)