

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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