# *Commonwealth of Virginia*

# *Virginia Department of Education*

***Division of Teacher Education and Licensure***

***P. O. Box 2120***

***Richmond, Virginia 23218-2120***

# FORM TO REQUEST NAME CHANGE, ADDRESS CHANGE, OR DUPLICATE LICENSE

(Individuals employed in a Virginia public school are to submit requests through

their school divisions’ human resources/licensure offices.)

## PLEASE MARK THE REQUESTED ACTION:

## nAME CHANGE

## ADDRESS CHANGE

DUPLICATE COPY OF AN ACTIVE LICENSE

**Fee**: A fee of $25 is required for a duplicate license. If you are requesting only a name and/or an address change and not requesting a copy of the license, no fee is assessed. If you request a copy of the license, the $25 fee is required. **Payment Link (Pay Now Button):**[**https://www.doe.virginia.gov/teaching/licensure/**](https://www.doe.virginia.gov/teaching/licensure/)

## LICENSEE Information:

Name(First, Middle, Last Name):

Home Address:

City:       State:       Zip Code:

Phone: () -

E-mail Address:

Virginia Educator License Number or Social Security Number:

Virginia School Division Where Employed (if applicable):

**If requesting a name change**, please provide your former name (first, middle and last):

**If requesting an address change**, please provide former address: