

**New Mexico Public Education Department
Professional Licensure Bureau
300 Don Gaspar
Jerry Apodaca Bldg. – Room 103
Santa Fe, New Mexico 87501-2786**

Request for Name Change and/or Change of Address

(Please Print Legibly)

License Number: _____ **SSN:** _____

Name to Appear on License (s):

Current Address:

Please include a copy of documentation that verifies a name change.

(Signature)

(Date)

Note: Only if a name changes will a new license be printed.