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| MA State Seal | Massachusetts Department ofElementary and Secondary Education |
| Office of Educator Licensure  |  Telephone: (781) 338-6600  |
| 135 Santilli Highway, Everett, MA 02149-1962 | TTY: N.E.T. Relay (800) 439-2370 |

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| **Educator Licensure Application Change Request** |
|  |
| First Name *(Please Print)* | Last Name *(Please Print)* | MI |
|  |
| Mailing Address *(Please Print)* |
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| MEPID, License, **or** Social Security Number | Email Address (mandatory) | Phone Number |
|  |
| *To Whom It May Concern:**I am officially requesting the following change(s) to my Massachusetts Educator License Application. I understand that the following parameters apply to licensure application change requests:** *If an application has ALREADY been reviewed by an evaluator, changes can only be made to the Type (ex. Provisional, Initial, etc.).**Field and Grade Level cannot be changed and I would need to apply for the license;*
* *If an application has NOT yet been reviewed changes can be made to the Field, Grade Level, and/or type;*
* *If a license is already approved, changes cannot be made to the license.*
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| **Requested Change** | **From:** | **To:** |
| Please include Licensure **Field** (Content/Subject Area), **Grade Level** (1-6, 5-8, 9-12, etc.), and **Type** (Temporary, Provisional, Initial or Professional) |  |  |
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|  |  |
| Signature: | Date: |
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| **Please note:** This document can be uploaded directly into your ELAR account. For directions, please visit [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/) and select the How to Use the ELAR Portal link in the left navigational bar. |