

Joy Hofmeister State Superintendent of Public Instruction Oklahoma State Department of Education

Teacher Certification Section (405) 521-3337

FOR	OFFICE	USE

REQUEST FORM

(Name Change, Address Change, Degree Change, Duplicate Certificate)

Updating certificate information is free of charge. If you request a printed credential, the fee is \$25.00.

Name			2019		
	Last	First	Middle	Maiden	
Address Street or Rural Route Number					
	City	State		Zip Code	
()		()		
	Daytime Telephone N	umber	Evening T	elephone Number	
Social Secur	rity Number:				
NATURE OF REQUEST					
Name Change: Include a copy of your social security card.					
Name	Name under which last certificate was issued		Name to be shown on certificate		
Addres	ss Change: Address will b	e changed as shown al	oove.		
Degree	e Change: Enclose officia	l transcripts reflectin	g the coursework and	degree conferral.	
Degree level: Date degree was conferred: Date degree was conferred:					
University granting degree: University granting degree: University granting degree: University granting degree: Output Description a certificate to reflect a name change, degree change, or to order a duplicate copy of current certificate.					
Duplic	ate of Certificate		> No fee is necessary if req	uesting address change only.	
 Check the box that applies. ☐ Submit \$25.00 processing fee for a certificate to reflect a name change, degree change, or to order a duplicate copy of current certificate. ☐ I do not want a certificate printed. Changes are for certification record only; therefore, no fee is enclosed. 		ge, or to order a Changes are for	MAIL TO Oklahoma State Department of Education Teacher Certification Section – Room 212 2500 North Lincoln Boulevard Oklahoma City, Oklahoma 73105-4599		