State of California
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, CA 95811-4213

Email: credentials@ctc.ca.gov
Website: www.ctc.ca.gov

Request to Change Name or Personal Profile

You may use this form to submit changes or corrections needed to your personal information on file with the Commission. In order for your change request to be processed, this form must be completed appropriately to the change request and signed. Incomplete forms will be not be processed. Concerned with the proliferation of identity theft, the Commission requires submission of multiple forms of identification.

A. COMPLETE THIS SECTION FOR NAME CHANGE

Former full legal name:

____
First Middle Last

Request my name to be changed to:

____
First Middle Last

NAME changed due to:

☐ **Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE**
- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of *Certificate of Marriage*
- ☐ copy of signed Social Security Card or Individual Tax Identification Number (ITIN) stating married name
- ☐ copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

☐ **Courts – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE**
- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of completed endorsed *Petition of Name Change or Decree of Changing Nam*e
- ☐ copy of signed Social Security Card/ITIN stating new name
- ☐ copy of valid government issued ID **with new name** (driver's license, military ID card, Permanent Resident card, etc.)

☐ **Dissolution of Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE**
- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of *Dissolution* (endorsed) which states "the former name restored"
- ☐ copy of signed Social Security Card or ITIN stating new name
- ☐ copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

☐ **Citizenship – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE**
- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of Certificate of Naturalization
- ☐ copy of Petition of Name Change: filed prior to becoming naturalized
- ☐ copy of signed Social Security Card or ITIN stating new name
- ☐ copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

☐ **Correction – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE**
- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

B. COMPLETE THIS SECTION FOR SSN/ITIN CHANGE/CORRECTION

My full legal name:

____
First Middle Last

Information previously submitted to the Commission (if known): SSN/ITIN _____-_____-_____

Request SSN/ITIN to be changed to: _____-_____-_____

To verify SSN/ITIN- **YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE SSN/ITIN CHANGE/CORRECTION**

- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of signed Social Security Card or ITIN
- ☐ copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

C. COMPLETE THIS SECTION FOR DATE OF BIRTH CORRECTION

My full legal name:

____
First Middle Last

Information previously submitted to the Commission (if known): Date of Birth _____ _____ _____
Month Date Year

Request Date of Birth to be corrected to: _____ _____ _____
Month Date Year

Verify Date of Birth- **YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE DATE OF BIRTH CORRECTION**

- ☐ complete 41-NC appropriate section, sign and date
- ☐ copy of valid government issued ID (driver's license, passport, military ID card, Permanent Resident card, etc.)

This form and the required documentation may be sent to the Commission by one of these means:

1. fax to 916-327-3166, ATTN: Educator Profile Change Request
2. send by postal mail to Commission on Teacher Credentialing, Certification Division, 1900 Capitol Avenue, Sacramento, CA 95811-4213, ATTN: Educator Profile Change Request

____
PRINT NAME

____
MAILING ADDRESS CITY STATE ZIP

_____
EMAIL ADDRESS

Signature _____ **Date** _____

By signing this document I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.