Las Vegas Office
9890 South Maryland Parkway
Suite 221
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http://www.doe.nv.gov/Educator_Licensure/
license@doe.nv.gov

State of Nevada
Department of Education
Change Request Form
(Please Print Clearly)

You MUST provide a valid state-issued driver's license or ID card when requesting any changes to your educator license. Change requests received by mail must be accompanied by a copy of your valid state-issued driver's license or ID card. See below for additional documentation requirements.

TYPE OF CHANGE REQUESTED:

(Indicate all that apply)

☐ **Name Change** ☐ **Address Change**

For Name Change: Specify correct information below. As applicable, attach a copy of your state-issued driver's license/ID card, marriage certificate, court order for name change, or immigration documents showing your current/correct name.
For Address Change: Specify correct address below. No proof of address is required.

Name: _____
Last First MI Previous Name

License #: _____SS#: _____ Date of Birth: _____

Address: _____City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

☐ **Provision Removal**

I wish to remove the following provisions from my educator license:

1._____ 4._____

2._____ 5._____

3._____ 6._____

For each provision to be removed, you must provide official transcripts, test scores, etc. showing satisfaction of that provision.

☐ **Omit License or Endorsement** (Must retain one major area of endorsement on a secondary license.)

I wish to omit the following endorsement or area of licensure from my Nevada educator license:

_____

If you choose to add an omitted endorsement or area of licensure back on to your license at a later date, you will need to:

- Submit an application requesting the endorsement be added
- Submit official transcripts showing completion of all necessary coursework
- Comply with any additional testing or other requirements which may be mandated due to regulation changes
- Pay the additional endorsement fee of $50

I wish to make the specified changes to my educator license.

Signature: _____ Date: _____

OFFICE USE ONLY

Processed by:_____ Date:_____