The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Teaching Initiatives Albany, New York 12234

World Wide Web address: http://www.highered.nysed.gov/tcert

NAME CLARIFICATION FORM

SECUDITY NUMBED

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DATE OF BIRTH

- 1. Please explain on this form the following names, appearing on materials received for you in this office. This will help ensure that your records are complete and that your correct name appears on any certificates issued to you.
- If you already hold a certificate(s) that you wish reissued in your present name, please complete this form in full. Return the original 2. certificate(s) with this form. For each certificate to be reissued, enclose a money order for \$25.00 made payable to the New York State Education Department. Do not send cash or check.

PRINT YOUR PRESENT NAME (First) (Last) (M)PRINT YOUR BIRTH NAME (Last) (First) (M)**REASON FOR CHANGE AND DATE OF CHANGE** Marriage Divorce _____ (date) (date) Uther** (explain on reverse) (date) * Enclose certified copy of court order

** When "other" box is checked, please explain change of names on reverse side.

ON REVERSE, PRINT ANY OTHER NAMES YOU HAVE USED AT ANY TIME

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EXPLAIN ENTRIES OF "OTHER" HERE:

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AFFIDAVIT – PLEASE SIGN EXACTLY AS YOU WISH YOUR CERTIFICATES TO READ

Under penalties of perjury, I declare and affirm that the statements made above are true, complete and correct.

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