



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF EDUCATOR QUALITY – EDUCATOR CERTIFICATION

**UPDATE PERSONAL AND EDUCATION INFORMATION REQUEST**

SOCIAL SECURITY NUMBER	EDUCATOR ID	LAST NAME	FIRST NAME	MIDDLE INITIAL
ALL MAIDEN/FORMER NAMES			GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	DATE OF BIRTH
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER (CELL)	PHONE NUMBER (HOME)	PHONE NUMBER (WORK)	EMAIL	

**INSTRUCTIONS**

**Please provide your current legal name (Last, First, and Middle Initial).**

Please return this cover sheet along with supporting documentation to:

Missouri Department of Elementary and Secondary Education  
Educator Certification  
PO Box 480  
Jefferson City, MO 65102-0480

**QUESTIONS:** Contact Educator Certification (573) 751-0051

**PLEASE CHECK THE BOX FOR THE INFORMATION THAT YOU WISH TO UPDATE AND COMPLETE THE REQUESTED INFORMATION. MORE THAN ONE REQUEST MAY BE PROCESSED WITH THIS FORM.**

<input type="checkbox"/> I request a name change	FROM	TO
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*(Please enclose a photocopy of documentation that supports the name change.)*

<input type="checkbox"/> I request a correction of my Social Security Number	FROM	TO
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*(Please enclose a photocopy of Social Security Card.)*

<input type="checkbox"/> I request a correction of my Date of Birth	FROM	TO
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*(Please enclose a photocopy of documentation that supports the Date of Birth.)*

I request an update to my education records. Original transcripts required. No photocopies.	<input type="checkbox"/> Need to add degree. <input type="checkbox"/> Need to correct attendance dates, GPA, etc.
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**ORIGINAL SIGNATURE REQUIRED - No faxes or photocopies of this form will be accepted.**

LEGAL SIGNATURE OF APPLICANT	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6<sup>th</sup> Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966 email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).