

New Jersey State Department of Education
Office of Licensure and Credentials

SOCIAL SECURITY NUMBER RECORD CHANGE REQUEST

Please note that incomplete forms will be returned. Concerned with the proliferation of identity theft, the department now requires submission of multiple forms of identification

A. Basic Information Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City State Zip

Social Security Number Date of Birth: Month Day Year

B. Status Failure to complete these items will result in rejection of this form.

Have you ever had a certificate revoked or suspended in this or any state?
If yes, enclose a statement indicating the action taken and provide the pertinent details. Circle whichever applies
Yes No

Have you ever been convicted of a criminal offense in this or any other state
or any jurisdiction outside of the United States? If yes, enclose a statement
indicating the municipality where this occurred and provide the pertinent details. Circle whichever applies
Yes No

C. Documentation Requirements: In this section, the applicant is required to submit *no less than two* types of identification in addition to a photocopy of an individual's social security card, which is mandatory. Clear and legible photocopies of these cards and papers should be attached to this form. Once completed and notarized, the form and the attachments should be forwarded to: New Jersey State Department of Education, Office of Licensure and Credentials, P.O. Box 500, Trenton, New Jersey, 08625-0500. Attention: Social Security Number Record Change Request

Submission of identification – Check boxes of those items for which you have attached copies.

Required Copy of Your Social Security Card -- A photocopy of the applicant's social security card *must* be submitted as one of three types of identification for the purpose of changing an individual's social security number. For a replacement card please contact the Social Security Administration at 1-800-772-1213 or go to <http://www.ssa.gov/ssnumber> and click on Replacement Card. The remaining two items may be selected from the items listed below.

Also include copies of any two of the following items.

- Certificate of Birth (Raised Seal Copy)
- Valid New Jersey or Out-of-State Auto Operator License
- United States Passport (current or expired within 3 years)
- Adoption Papers
- Certificate of Citizenship
- Certificate of Naturalization
- Valid United States Military Photo ID Card
- Valid New Jersey Non-Driver Digital ID Card

I certify that all statements and information provided herein are true and accurate.

D. Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20_____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500

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