



# Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure  
75 Pleasant Street, Malden MA 02148

Telephone: (781) 338-6600  
TTY: N.E.T. Relay (800) 439-2370

## Request for a Hard Copy of Massachusetts Educator License

**Please note:** for faster processing, you may order a hard copy of your Massachusetts Educator License in ELAR

- Login to ELAR at [www.mass.gov/ese/licensure](http://www.mass.gov/ese/licensure)
- On the Welcome to ELAR screen, click on the **Request a Duplicate License** link and follow prompts.

If you wish to mail in a hard copy of this form please complete all areas of this form so that we may process your request in a timely manner. *Please type or print.*

Current Last Name

Previous Last Name

First Name

MI

Street Address and Apartment Number (if any)

City

State

Zip Code

Date of Birth (Month/Day/Year)

Social Security # or MEPID #

MA License #

Email Address

- **\$25.00 fee:** Please enclose a certified check or money order payable to the Commonwealth of Massachusetts. If you prefer to use MasterCard or Visa please use the Office of Educator Licensure Charge Form. Please note that **we do not accept personal checks.**

**Please print out this form and sign below.**

Signature (Current Name)

Date

- The signed and dated *Request for a Hard Copy of Massachusetts Educator License* form and payment can be:

**Mailed to:** Massachusetts Department of Elementary and Secondary Education  
Office of Educator Licensure  
75 Pleasant Street  
Malden, MA 02148-4906

*\*Please do not upload the Charge Card Authorization form to your ELAR account or fax it to the Office of Educator Licensure.*

[This Page Intentionally Left Blank]



# Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure  
75 Pleasant Street, Malden MA 02148

Telephone: (781) 338-6600  
TTY: N.E.T. Relay (800) 439-2370

## Charge Card Authorization form: MASTERCARD and VISA accepted

*Please complete all areas of this form so that we may process your payment in a timely manner. Please type or print.*

*\*Please do not upload this form to your ELAR account or fax this form to the Office of Educator Licensure.*

### 1. Applicant Information

Applicant's Full Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ Or MEPID \_\_\_\_\_

### 2. Card Holder Information

Card Holder's Last Name \_\_\_\_\_ Card Holder's First Name \_\_\_\_\_ MI \_\_\_\_\_

Card Holder's Address, Street and Apartment Number (if any) \_\_\_\_\_

Card Holder's City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### 3. Credit Card Information

*Please check the credit card you are using to process your payment:*

☐ MASTERCARD ☐ VISA

ACCOUNT # \_\_\_\_\_ Expiration Date (Month/Year): \_\_\_\_\_

#### FEES:

\$25.00 for Hard Copy License

Total Payment \$ \_\_\_\_\_

Credit Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_