south dakota
DEPARTMENT OF EDUCATION
Learning. Leadership. Service.

Certification Office
800 Governors Drive
Pierre, SD 57501
certification@state.sd.us
605-773-3426

NAME/ADDRESS CHANGE
OR
DUPLICATE REQUEST

Choose one:

____ Please make the changes indicated – no duplicate requested (no charge)

____ Please email a pdf file of my certificate with the name change indicated ($33 **nonrefundable** fee)

____ Please email a pdf file of my certificate – duplicate ($33 **nonrefundable** fee)

Make check or money order payable to Department of Education.

SSN: _____ DATE OF BIRTH: _____

EMAIL: _____

TELEPHONE NUMBER:_____

PREVIOUS NAME:_____
(PLEASE PRINT)

CURRENT NAME: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ STATE:_____ZIP: _____

SIGNATURE: _____ DATE: _____