

**NOTIFICATION OF ADDRESS CHANGE
FORM PDE 338 AC**
(Refer to instructions included with this form)

FEE WAIVED

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)

DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)

AUTHORITY: 24 P.S. Section 1224.

PURPOSE(S): To be used for (1) registration and maintenance of records of all certificated persons as having met qualifications for teaching, (2) identification and collection of criminal/disciplinary records for certified educators and candidates for certification and (3) provision of certification data to authorized personnel and agencies.

DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – PERSONAL INFORMATION (please print or type)

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Address			4. Date of Birth (mm/dd/yyyy)
City/State/Zip Code			5. <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Telephone Home/Cell ()		Work Phone ()	7. E-Mail Address

8. Please list all former name(s) beginning with the most recent

_____	_____	_____
Last	First	MI

SECTION II-AFFIDAVIT

I certify that the information provided for the above address change is correct and true. I understand that the falsification of any statement or document may result in professional discipline, including revocation of my Pennsylvania certificate.

Signature of Applicant

Date

Note: This form may not be used for name changes or requests for duplicate certificates. If you wish to change your name, or request a duplicate certificate, a PDE 338 D form must be submitted.

**NOTIFICATION OF ADDRESS CHANGE
FORM PDE 338 AC
PRINT WITH DARK BLUE OR BLACK INK**

This form is for address changes only. Use the PDE 338 D form, available at www.pde.state.pa.us, to change your name or to request a duplicate certificate.

SECTION I: Personal Information

1. Print your Last Name, First Name and Middle Initial.
2. Print your Social Security Number.
3. Print your complete Address and Zip Code.
4. Print your Date of Birth.
5. Check the appropriate box for “Male” or “Female”.
6. Print your telephone numbers in the event you must be contacted.
7. Print your current e-mail address.
8. List all former names, starting with your maiden name, if applicable.

SECTION II: Affidavit

Complete the Affidavit section by Signing and dating the application. Your signature certifies that all of the information provided in the application is correct and true. Misrepresentation/falsification may result in professional discipline and the revocation of your Pennsylvania certificate.

COMPLETING THE APPLICATION

- Before mailing, review the application and ensure that the information entered on the PDE 338 AC form is complete and accurate.

- Mail the General Application-Form PDE 338 AC to:

Bureau of School Leadership and Teacher Quality
Pennsylvania Department of Education
333 Market Street, 3rd Floor
Harrisburg, PA 17126-0333