

**Contact Information changes
Manitoba Certified Teachers**

Please print:

PSP number or Certificate number: _____

Name: _____

To change the name on your certificate use the name change form

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone Number: _____

Alternate Phone Number: _____

E-mail address: _____

Effective date of the change : _____

Signature

Please mail or fax this form to:

**Professional Certification and Student Records
Box 700
RUSSELL MB R0J 1W0
Fax: (204) 773-2411**