

Classification Services

Change in Personal Information

Use this form to report any change in personal information.

1 Information as indicated on your classification certificate

Last name: _____ First name: _____

Registration #: _____ Issue date (dd/mm/yyyy): _____

Mailing Address: _____ City: _____

Province/Territory: _____ Postal code: _____

2 Change of information – Complete the section(s) where change has occurred.

Name - attach supporting documentation

First: _____ Last: _____ Middle: _____

Address Mailing Address: _____ City: _____

Province/Territory: _____ Postal code: _____

Phone number: _____

Email: _____

Please be advised your email address may be used to contact you regarding your application for classification.

Do you give permission for Classification Services to maintain your email address in a database to send you ongoing communications about the early childhood education sector? YES NO

3 Sign the change of personal information

All the information on this form is true and complete. I give permission to Classification Services to change my classification file to reflect the new information provided on this form.

Signature: _____ Date: _____

4 Have you attached all supporting documents?

Supporting documentation must be submitted with this form to verify a name change – for example, a photocopy of your birth certificate, marriage certificate, passport, or driver's license.

5 Send this form to

Classification Services
Early Years Branch
Department of Education & ECD
PO Box 578
Halifax, Nova Scotia
B3J 2S9

Or by email to classification@novascotia.ca

For office use only

Date received (dd/mm/yyyy): _____

Change recorded: _____