

PDIS Name Change Attestation Statement



To update your name on your PDIS profile, please complete the information below and email to the PDIS Help Desk at PDISHelp@cde.state.co.us. This statement must be signed and dated.

New Name (Please print clearly)

Former Name (Please print clearly)

Birthdate: _____

Email: _____

Phone: _____

I hereby certify that I have completed the legal process to change my name. I understand that providing false information can result in suspension of my PDIS account and revocation of my Early Childhood Professional Credential.

Signature: _____

Date: _____

Please allow for one business day to process this request. If you have any questions, please email at the address above or call us at 844-447-4441 option 2.



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