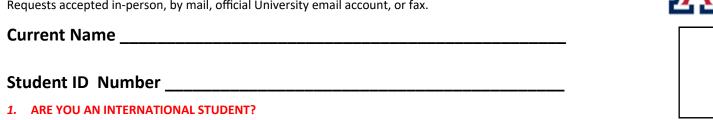
Change of Personal Information

Requests accepted in-person, by mail, official University email account, or fax.





current name	Registration, Residency & Transcripts PO Box 210066 - Tucson, AZ 85721-0066
Student ID Number	(520) 621-3113 reghelp@arizona.edu - Fax: (520) 621-8944
1. ARE YOU AN INTERNATIONAL STUDENT?	www.registrar.arizona.edu
YES: Changes to Personal Information are processed through the International Student Services NO: Answer questions 2 and 3 to see if you are eligible to use this form.	Office at 615 N Park Avenue, Room 120, Phone: (520) 621-4627.
2. ARE YOU AN EMPLOYEE or FORMER EMPLOYEE WITHIN THE LAST CALENDAR YEAR?	
YES: Changes to Name, Social Security Number, Visa or Citizenship are processed by your depar your Social Security card to the department you are employed by. NO: You may use this form to make changes to your personal information if you answered no	
3. ARE YOU A CURRENTLY ENROLLED STUDENT?	
 YES: You may make changes to personal information on this form if you said yes to this question NO: If you are not currently enrolled, changes to your name will be processed only if there is en Arizona does not alter historical academic records. 	
SELECT CHANGES BELOW AND ATTACH COPIES OF REQUIRED DOC	UMENTATION AND COPY OF PHOTO IDENTIFICATION
CHANGE MY PRIMARY NAME TO:	
LAST: FIRST: (REQUIRED FOR NAME CHANGE: Marriage License/Certificate OR Court Order OR Passport/Perma	MIDDLE: SUFFIX:
(REQUIRED FOR NAME CHANGE: Marriage License/Certificate OR Court Order OR Passport/Perma	nent Visa OR Social Security Card OR Government Issued ID)
CHANGE/CORRECT MY DATE OF BIRTH:/ (REQUIRED	: COPY OF BIRTH CERTIFICATE)
ADD/CORRECT MY SOCIAL SECURITY NUMBER:	_ — (REQUIRED: COPY OF SOC SEC CARD)
CHANGE MY GENDER: MALE FEMALE	
ADD MY DRIVER'S LICENSE NUMBER:	STATE: (REQUIRED: Copy of State Issued ID)
CHANGE OF HOME ADDRESS:	
(REQUIRED: Copy of Recent Bill or State Issued License)	
I certify that I am responsible for any changes made to my personal information record and I will verify changes on my University of Arizona Student Center	For Registrar Office Use Only
	Date Collected by Processed By

Signature: __ E-Signature accepted if using official UA email account

Rev 11/2020