

Change of Personal Information

Registration & Transcripts · Administration Building, Room 210 · PO BOX 210066 · Tucson, AZ 85721-0066
Phone: (520) 621-3113 · Email: REG-reghelp@email.arizona.edu (scanned images only - no cellphone pictures)

Please use black or blue ink only, no pencil.



CURRENT NAME: _____ STUDENT ID NUMBER: _____

1. ARE YOU AN INTERNATIONAL STUDENT?

_____ **YES:** Changes to Personal Information are processed through the International Student Programs and Services Office at 915 N Tyndall Avenue, Phone: (520) 621-4627.
_____ **NO:** Answer questions 2 and 3 to see if you are eligible to use this form.

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 department. Fill out a Personal Action Form and submit a copy of 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 and are also a currently enrolled student (see next question).

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 and NO to the question about employment.
_____ **NO:** If you are not currently enrolled, changes to your name will be processed only if there is evidence of a legal requirement for a change. The University of Arizona does not alter historical academic records.

SELECT CHANGES BELOW AND ATTACH COPIES OF REQUIRED DOCUMENTATION

CHANGE MY PRIMARY NAME TO:
LAST: _____ **FIRST:** _____ **MIDDLE:** _____ **SUFFIX:** _____
(REQUIRED FOR NAME CHANGE: Marriage License/Certificate OR Court Order OR Passport/Permanent 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 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 Link.

Signature: _____ Date: _____

E-Signature accepted if using official UA email account

For Registrar Office Use Only

Date _____ Collected by _____ Processed By _____

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