

# 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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