Change of Personal Information

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

Current Name ________________________________

Student ID Number ________________________________

1. ARE YOU AN INTERNATIONAL STUDENT?
   ___ YES: Changes to Personal Information are processed through the International Student Services Office at 615 N Park Avenue, Room 120, 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 AND COPY OF PHOTO IDENTIFICATION

☐ 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)

☐ CHANGE MY 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

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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