

APPLICATION FOR NAME CHANGE OR DUPLICATE COPY OF CERTIFICATE

Arizona Department of Education - Certification Unit
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: 602.542.4367

General Information

This form is used to apply for a name change which will apply to all of your certificates issued by the Certification Unit at the Arizona Department of Education or to request a copy of your certificate.

Step 1:

Complete the application and gather supporting documentation outlined in section 2.

Step 2:

Mail application and materials to:

Arizona Department of Education-Teacher
Certification
PO Box 6490
Phoenix, AZ 85005-6490

Or Submit in person:

Arizona Department of Education
1535 W. Jefferson
Phoenix, Arizona 85007

Include a check or money order for \$20. Credit Card payments (Visa or MasterCard) are accepted **in person** at the **Phoenix** Certification Office. Fees are nonrefundable and cash is not accepted.

Step 3:

The Certification Unit will review your application for completeness, correct fee and proof of name change (if applicable). Once verified, a new printed certificate will be mailed to the address on the application

SECTION 1: PERSONAL INFORMATION

Please type or print in blue or black ink.

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____ Gender: M / F

Full Legal Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information: Phone: _____ E-mail Address: _____

Ethnicity: *(Gender and Ethnicity are requested for federal reporting purposes only)*

- American Indian or Alaskan Native Asian or Pacific Islander Black or African-American (not Hispanic)
 Hispanic or Latino White (Not Hispanic) Other

SECTION 2: SERVICE TYPES (\$20)

Duplicate copy of my certificate only

Name change of my educator file due to my name being legally changed

Submit proof of name change by including a photocopy of one of the following: Marriage License, Driver's License, Court Order or Divorce Decree, Social Security Card.

FORMER Name: Last: _____ First: _____ Middle: _____

NEW Full Legal Name: Last: _____ First: _____ Middle: _____

Applicant's Signature

Date