

REQUEST FOR
CHANGE OF ADDRESS

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

GENERAL INSTRUCTIONS AND INFORMATION:

Complete this request form, sign and date. There is no charge for an address change.

SECTION 1: ADDRESS INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____
(For identification purposes only)

Full Legal Name: _____
Last First Middle

New Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ - _____ **Email Address:** _____

Applicant's Signature

Date