APPLICATION FOR

NAME CHANGE OR DUPLICATE COPY OF CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT
Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

GENERAL INSTRUCTIONS AND INFORMATION:

Please submit the following:

A. Complete this application and a $20 money order, cashiers check or personal check **ONLY**, made payable to the Arizona Department of Education (**ADE**). Fees are not refundable. **Cash will not be accepted.**

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

Social Security Number: _____-_____-_____ **Date of Birth**: _____/_____/_____ **Gender**: M/F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

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

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

Ethnicity: ____ Asian or Pacific Islander ____Black or African-American (Not-Hispanic) ____Hispanic or Latino
____ White (Not-Hispanic) ____American Indian or Alaskan Native ____Other
(Gender and Ethnicity are requested for federal reporting purposes only)

SECTION 2: CERTIFICATE(S) TO EXTEND

PLEASE PLACE AN "X" ON THE LINE NEXT TO THE REQUESTED SERVICE, SIGN AND DATE

____ A duplicate copy of my certificate.

____ A new certificate issued in my new name due to my name being legally changed. (Please submit proof of name change; a marriage license, court order, divorce decree or drivers' license are all acceptable forms of documentation.)

FORMER NAME: _____
Last First Middle

NEW NAME: _____
Last First Middle

_____ _____
Applicant's Signature Date