

REQUEST FOR
CHANGE OF ADDRESS

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:

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