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 – Certification Unit
PO Box 6490
Phoenix, AZ  85005-6490

Include a check or money order for $20. 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

** REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE. **
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