

APPLICATION TO CHANGE TO AN ALTERNATIVE IDENTIFICATION NUMBER TO A SOCIAL SECURITY NUMBER

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

General Instructions and Information:

This form is used to update an educator's certification file from an assigned number to the educator's social security number. Mail this form and the fee to the address on the form.

Submit the following:

- A. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (IVP) fingerprint card (plastic). For more information visit the Arizona Department of Public Safety website or call (602) 223-2279.
- B. A photocopy of your Social Security Card.
- C. Check or Money Order for \$20.

SECTION 1: PERSONAL INFORMATION

Please type or print in blue or black ink.

Public Educator ID Number: _____

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

Applicant's Signature

Date