



Admissions and Records
 1202 W. Thomas Road
 Phoenix, Arizona 85013
 Office: 602.285.7777
 Fax: 602.285.7813

Name Change Request

LEGAL NAME (LAST, FIRST, MIDDLE):	SEMESTER OF ENROLLMENT 20_____
Student ID or SS#:	<input type="checkbox"/> FALL <input type="checkbox"/> SUMMER I <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER II

****** INDICATE CHANGES BELOW******

Correct Legal Name (Last, First, Middle): _____

Correct Mailing Address: _____

Apt. _____ City _____ State _____ Zip Code _____

Home phone: () _____ Cell phone: () _____ Work phone: () _____

Birthday _____ Gender _____

Admissions and Records Signature: _____

Date: _____