



## Personal Name Change Request Form

Sue Sansom, Executive Director

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DATE: \_\_\_\_\_

NAME \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**I AM REQUESTING A NAME CHANGE ON MY PERSONAL LICENSE**

**FROM** \_\_\_\_\_

**TO** \_\_\_\_\_

**AND HAVE ENCLOSED A COPY OF THE LEGAL DOCUMENT PROVIDING PROOF OF  
NAME CHANGE DUE TO:**

**MARRIAGE**

**DIVORCE**

**OTHER**

**EXPLAIN :** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

**A DRIVERS LICENSE IS NOT ACCEPTABLE AS A LEGAL DOCUMENT FOR A NAME  
CHANGE FOR THE PURPOSES OF ARIZONA STATE BOARD OF COSMETOLOGY  
LICENSING.**

**IF YOU HAVE A DISABILITY AND REQUIRE REASONABLE ACCOMODATIONS TO PARTICIPATE IN OUR  
SERVICES INCLUDING RECEIVING THIS INFORMATION IN AN ALTERNATIVE FORMAT, CONTACT THE  
ADA COORDINATOR AT 480-784-4539 EXT.227.**