



Student Information

Current Name: _____ APU ID#: _____
SSN: _____ - _____ - _____ Student Signature: _____ Date: _____

Address Change

Old Address

Street: _____
City, State, ZIP: _____

NEW Address

Street: _____
City, State, ZIP: _____

Email Address Change

Old Email: _____ New Email: _____

Name Change

*Official Documentation must accompany requests for a name change
(i.e. marriage certificate, social security card).*

Former Name

Last: _____ First: _____ MI: _____

NEW Name

Last: _____ First: _____ MI: _____

Status (choose one):

- Single Married Separated Divorced Widow

Student Signature: _____ Date: _____

Registrar Office Use Only

PeopleSoft (Registrar) Done By: _____ Date: _____

Forms can be submitted by Mail, Fax, or PDF via Email

Mailing Address: Graduate and Professional Center, Azusa Pacific University, PO Box 7000, Azusa, CA 91702

Telephone: 626-815-4570 **Fax:** 626-815-4637 **Email:** PESRegistrar@APU.edu