



Change of Address Form

(Check Appropriate Box)

Change of Address/Phone/Email

Today's Date: _____

Change of Name

Program: _____*

Semester Admitted: _____

SSU ID#: _____ or

Social Security #: XXX-XX-_____

NAME: _____
(Last) (First) (Middle Initial)

List all former names and/or maiden name: _____

MAILING ADDRESS: _____
_____ ZIP _____

PERMANENT ADDRESS: _____
(If different from above) _____ ZIP _____

TELEPHONE: Home () _____ - _____
Cell () _____ - _____

EMAIL: _____

NOTE: This change of address from is used by the School of Education **Credentials Office only**. You must *also* report changes directly to the Office of Admissions and Records.

*Please indicate your status:

- ___ Applicant
- ___ Continuing in program
- ___ *I am currently enrolled in participant observation or student teaching*
- ___ *I recently submitted a participant observation or student teaching request from*
- ___ Program completed/address change
- ___ Other: _____

<i>For Office Use Only</i>	
<input type="checkbox"/>	Database
<input type="checkbox"/>	Student file
<input type="checkbox"/>	_____

Submit this form to: **CREDENTIALS OFFICE (Stevenson 1078), Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, California 94928 or fax to: 707-664-2083**