



Change of Address Form

(Check Appropriate Box)

Change of Address/Phone/Email

Today's Date: _____

Change of Name

Program: _____*

Semester Admitted: _____

Social Security #: _____ - _____ - _____

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 () _____ - _____

Work () _____ - _____

EMAIL: _____

NOTE: This change of address form 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 for mailing of credential

___ Other: _____

For Office Use Only

Database

Student file

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 (12.17.04)