

Change of Name/Address Form

Please fill out form electronically.

(Check Appropriate Box)

- Change of Address/Phone/Email
- Change of Name

***Student's name:**

Last Name

First Name

Middle Name

Maiden/Former Name(s)

SSN: (last 4 numbers only)

OR

SSU ID#:

***Phone:**

***E-mail Address:**

Today's Date:

Program:

Semester Admitted/Applied for:

Mailing Address:

Street

City

State

zip

NOTE: This change of address form is used by the College of Education, Counseling, & Ethnic Studies, **Credentials & Graduate Admissions 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: Other

**Submit this form to: Credentials & Graduate Admissions Office, Sonoma State University,
1801 E. Cotati Avenue, Rohnert Park, California 94928**

For office use only: Database Student File _____
