Sonoma State University
School of Education
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:**

xxx-xx-xxxx **OR**

**SSU ID#:**

xxxxxxxxxx

**\*Phone:**

Home Phone (xxx)xxx-xxxx

Cell Phone (xxx)xxx-xxxx**\*E-mail Address:**

E-mail address

**Today’s Date:** Month/Date/Year

**Program:**

Program

**Semester Admitted:**

Semester Admitted

**Mailing Address:**

Street

City

State

zip

NOTE: This change of address from is used by the School of Education **Credentials Office onl**y. 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 OFFICE, School of Education, Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, California 94928 (DO NOT EMAIL)**

**For office use only:** [ ]  **Database** [ ]  **Student File** [ ] **\_\_\_\_\_\_\_\_\_\_**