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 \_\_\_\_\_\_\_\_\_\_**