



PLEASE PRINT LEGIBLY AND CHECK THE APPROPRIATE BOX FROM THE SELECTIONS BELOW:

Note: This form must be submitted with photo ID.

Name	Last 4 Digits SSN	Student ID Number	Birthdate

Indicate semester and Year: Fall Spring Summer Year: _____

PERMANENT ADDRESS CHANGE (PLACE OF RESIDENCE):

Permanent Address Change Instructions:

1. Permanent address cannot be changed to a PO Box.
2. If you have lived in CA over one year and are currently an out of state student, you may be eligible to change to CA residence. Please see the Residence Reclassification Request form under Downloadable Admissions Forms.
3. If you are changing your permanent address to an out of state address, please be aware that if you are out of the state over one year and remain a continuing student, you will need to change your residence status to out of state with the Admissions and Records Office.
4. To change your MAILING OR EMAIL ADDRESS, please go online to the student portal (www.santarosa.edu/portal)

Street Address

City	State	Zip

Is this also your mailing address? Yes No

EMAIL CHANGE: _____

EDUCATION STATUS CHANGE:

Indicate number corresponding to your education status in space provided and Year (if applicable)

1. Not a High school Graduate	7. Received foreign Diploma/Certificate	Education status number
2. Current high school student	8. Received an Associate Degree	
3. Currently enrolled in Adult school	9. Received a Bachelor Degree or Higher	Year Received
4. Received High School Diploma		
5. Received GED		
6. Received High school Proficiency		

Education Status Change Instructions:

If you are not 18 yrs old before the first day of the semester, please provide the following documents:

Change Type	Documents Required
1 or 3	Letter of release from your public high school signed by the principal, and a signed parent consent form.
5	Copy of your GED certificate and a signed parent consent form.
6	Copy of your High School Proficiency certificate and a signed parent consent form.

I certify that the information on this form is true and correct and I understand that falsification or omission of information may result in my dismissal from SRJC.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY

PHOTO ID SEEN _____ CHANGED IN SIS _____
RECEIVED BY _____
DATE _____