

Change of Contact Information - Return to the Dept. of Counseling, Burk Hall 524

Name: _____ Student ID #: _____

Address: _____ City/State: _____ Zip: _____

Home #: (_____) _____ Work #: (_____) _____ Ext. _____

E-mail: _____

Are you receiving listserve, aka "csalist@sfsu.edu", messages? Y___ N___

Please note: Address changes must be filed separately for the univ. & dept. File changes with the university at Student Services Building.