



## CHANGE IN CREDENTIAL ANALYST FORM

Complete the Add or Delete contact information below and send via email to  
[COEAssignment@ctc.ca.gov](mailto:COEAssignment@ctc.ca.gov).

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of County or IHE

\_\_\_\_\_  
Name of Individual Completing Form

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

Please make the following change(s) in the Credential Information Guide (CIG):

1. Add ☐ Delete ☐

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Add ☐ Delete ☐

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Enter new address here, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: IF ADDING OR CHANGING AN AUTHORIZED DESIGNEE FOR CTC ONLINE, USE FORM [CL-896](#). IF ADDING OR CHANGING AN AUTHORIZED SUBMITTER FOR CTC ONLINE RECOMMENDATIONS, USE THE [ADD/REMOVE AUTHORIZED SUBMITTER FORM CL-897](#).**