



41 Lincklaen Street • Cazenovia, NY 13035 315-655-7191 ♦ Fax 315-655-7320 www.cazenovia.edu/careerservices

## **Credential File Activation Form**

## **Please Print Clearly** Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Current Address: \_\_\_\_\_\_ Cell Phone Number: Permanent Address: \_\_\_\_\_\_ Non Cazenovia Email: \_\_\_\_\_\_ Degree & Major: \_\_\_\_\_ Specialization or Minor: \_\_\_\_\_\_ Graduation Date: \_\_\_\_\_ Names of Recommenders Name Telephone Number Telephone Number Name Telephone Number Name For Office Use Only Activation Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_