

Credentials Release Request Form

To ensure your credentials are sent and received in a timely manner, please write legibly.

Date of Request: _____ Name: _____

Current Address: _____ City _____ State _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Graduation Year: _____ Major: _____ Specialization/Minor: _____

Purpose of Request: **Graduate School** _____ **Employment** _____ **Other** _____

Send copies of my Credentials File to the following:

Employer/Organization/Graduate School: _____

To the attention of: _____

Address: _____ City _____ State _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Special Instructions / Notes:

Employer/Organization/Graduate School: _____

To the attention of: _____

Address: _____ City _____ State _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Special Instructions / Notes:

Signature: (This is required to process your request)

Signature _____ date _____

For Office Use Only		
CSO Date: _____	Sent by [print name]: _____	Revised 10/08