

**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

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

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

For Office Use Only

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

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