



206 Strebel Student Center
(315) 792-3087 ♦ Fax (315) 792-3370
careerservices@utica.edu
www.utica.edu/careerservices

CREDENTIAL REQUEST FORM

Please fax, mail, scan and e-mail, or deliver in person this request form to the Office of Career Services. Telephone requests will not be accepted. Signature must appear on form.

PLEASE COMPLETE ALL INFORMATION

Name: _____ E-mail Address: _____

Graduation Month and Year: _____ Daytime Phone Number: _____

I authorize the Utica College Office of Career Services to send out my credentials as noted below. I understand that although every effort will be made to expedite this process, this request may take up to three business days.

Signature: _____ Date: _____

SEND REQUESTED INFORMATION TO THE FOLLOWING:

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

[] Letters of Recommendation

[] Official Transcripts [] Unofficial Transcripts *

[] Certification

[] Résumé

[] Other _____

* Copies of originals

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

[] Letters of Recommendation

[] Official Transcripts [] Unofficial Transcripts

[] Certification

[] Résumé

[] Other _____

FOR OFFICE USE ONLY

Date Received: _____ Date Processed: _____ Initials: _____

Charges: _____ Paid: _____ Balance Due: _____