

**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: _____
Address: _____ _____	Daytime Phone: _____
Graduation Month and Year: _____	Major: _____
Signature: _____	Date: _____

I authorize Utica College Office of Career Services to send out my credentials as noted below.

***SEND REQUESTED INFORMATION TO THE FOLLOWING:***

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Please state what information you would like sent (letters, transcripts, certifications, etc.):

\_\_\_\_\_

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

Please state what information you would like sent (letters, transcripts, certifications, etc.):

\_\_\_\_\_

**FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_      **Date Processed:** \_\_\_\_\_      **Initials:** \_\_\_\_\_

**Charges:** \_\_\_\_\_      **Paid:** \_\_\_\_\_      **Balance Due:** \_\_\_\_\_