



CREDENTIALS OFFICE DOCUMENT REQUEST FORM

PLEASE NOTE: This form cannot be processed without the student's signature authorizing the release of records.

You may request copies of items in your Credentials file provided you complete and submit this form. You may be charged a fee for copies requested. If you are required to pay a fee, the Credentials Office will notify you. These requests are processed on a first-in, first-out basis. We do not provide "Rush" or "Next Day" service. The normal turn around time for processing is two (2) to five (5) working days from the date we receive your request in our office. **Documents must be requested well in advance to meet deadlines. Please note we can only provide copies of items that you have directly submitted to the credentials office.**

Complete this form and submit it to the Credentials Office in the School of Education. You may bring it to our office in Stevenson, 1st floor 1078, OR mail OR fax it to the following address:

**School of Education
 Credentials Office
 1801 E. Cotati Ave.
 Rohnert Park, CA 94928
 FAX (707) 664-2083**

Please type or print with ballpoint pen

Student's Last Name (PRINT)	First Name	Middle Initial	Maiden/Former Name(s)
SSU ID (or SSN)	Daytime Phone		E-mail Address
YEAR ADMITTED/APPLIED:		PROGRAM:	

I am requesting a copy of the following item(s) from my credential file (only one copy will be provided of the item(s) requested):

Transcripts: List Institution(s)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Test Results:		Other:	
<input type="checkbox"/>	CBEST	<input type="checkbox"/>	TB
<input type="checkbox"/>	PRAXIS / MSAT	<input type="checkbox"/>	Certificate of Clearance
<input type="checkbox"/>	PRAXIS / SSAT	<input type="checkbox"/>	Waiver
<input type="checkbox"/>	CSET	<input type="checkbox"/>	Letters of Recommendation
		<input type="checkbox"/>	Verification of Enrollment in Program
		<input type="checkbox"/>	

Student Signature (REQUIRED)	DATE
STUDENT ADDRESS (REQUIRED)	<input type="checkbox"/> Please mail my items to address on left <input type="checkbox"/> I will pick up my items (valid Photo ID required) at STV 1078

OFFICE USE ONLY

Date Mailed: By (initials):	Date Picked up (CHECK PHOTO ID): From (initials):
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