

Career Center
Canisius College
2001 Main Street
Buffalo, NY 14208

www.canisius.edu/careercenter

Phone: (716)888-2475

Fax: (716)888-3212

CREDENTIAL FILE REQUEST FORM

Print this form, complete, and fax or mail to the Career Center.

Name: _____
Last First M.I. (Maiden Name)

Certification: _____ Phone: _____

Grad Date: _____ Student ID: _____

All requests must be made in writing and signed. There is a \$5.00 fee per request and fees must be submitted with this request. Fees can be paid by cash, check, or money order payable to Canisius College. (We reserve the right to suspend mailings of your file if you have a delinquent balance on your account).

Signature: x _____ Today's Date _____

YOU MAY USE THIS FORM FOR FOUR SEPARATE REQUESTS.

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| _____ |
| Name/Title |
| _____ |
| District/School Name |
| _____ |
| Address |
| _____ |
| Address |
| _____ |
| City, State, Zip |

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|----------------------|
| _____ |
| Name/Title |
| _____ |
| District/School Name |
| _____ |
| Address |
| _____ |
| Address |
| _____ |
| City, State, Zip |

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|----------------------|
| _____ |
| Name/Title |
| _____ |
| District/School Name |
| _____ |
| Address |
| _____ |
| Address |
| _____ |
| City, State, Zip |

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| _____ |
| Name/Title |
| _____ |
| District/School Name |
| _____ |
| Address |
| _____ |
| Address |
| _____ |
| City, State, Zip |

Fee: \$5.00 per request: Check: _____ MO: _____ Cash: _____