# Sonoma State UniversitySchool of EducationCredentials 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 three (3) working days from the date we receive your request. Please note: We can only provide copies of items that you have directly submitted to the credentials office originals will not be provided.

**Complete this form and submit it to** CREDENTIALS OFFICE, School of Education, Sonoma State University, 1801 E. Cotati Avenue, Rohnert Park, California 94928. Please type.

**\* Required**

**\*Student’s name:**

Last Name

First Name

Middle Name

Maiden/Former Name(s)

**SSN:** xxx-xx-xxxx

**OR**

**SSU ID#:** xxxxxxxxxx

**\*Phone:**

Phone (xxx)xxx-xxxx

**\*E-mail Address:**

E-mail address

**Program:** Program

**Year Admitted/Applied:** Year

**Mailing Address:**

Street

City

State

zip

**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) (SSU transcripts must be requested from Admissions and Records)

[ ]  Institution

[ ]  Institution

**Test Results:**

[ ]  Basic Skills

[ ]  Subject Matter Verification (CSET/Waiver)

[ ]  Other: Other**Other:**

[ ]  TB

[ ]  Letters of Recommendation

Note: Copy of Certificate of Clearance can be directly printed from [ctc.ca.gov](http://www.ctc.ca.gov).

**Please print, sign and date this form before submitting.**

**\*Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Date mailed by:

By(initials):

Date Picked up (Check Photo ID):

From (initials):