



REQUEST FOR CREDENTIALS

*Name _____ ID # _____

Address _____
Street and Number City State Zip

Telephone _____ Year of Certification _____

*Please list maiden name if you have married since the date of you graduation _____

PRINT PLAINLY THE NAME AND ADDRESS OF THE PERSON(S), INSTITUTIONS(S), OR AGENCIES YOU WISH TO HAVE YOUR CREDENTIALS SENT TO:

A fee of \$3.00 must accompany the request for each set of credentials. Make checks payable to Madonna University.
Return request to: Madonna University
Career Services Office
36600 Schoolcraft Road
Livonia, MI 48150

THE CAREER SERVICES OFFICE HAS MY AUTHORIZATION TO SEND MY CREDENTIAL FILE TO THE EMPLOYER(S) LISTED ABOVE. (YOUR SIGNATURE IS REQUIRED TO ASSURE MAILING).

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY!!

DATE SENT _____