

For office use only:

Number Requested _____	No Charge _____	Paid _____	Cash/Check
Date Sent _____	Sender _____		

Co-op and Career Development
Daemen College, 4380 Main Street, Amherst, NY 14226
716-839-8334 Fax: 716-839-8439

Credential Release (Form C)

Date _____ **Graduation/Certification Date** _____

Name _____ **Maiden Name** _____

Address _____ **Apt.** _____

City, State, Zip _____

Phone _____ **Signature** _____

Credentials/Student Teaching Evaluations to be released:

Please list the names of references you would like sent. If you want all references sent, write ALL. Most organizations request only three references and will not read beyond that number. However, our office will send a maximum of eight at your request.

_____	_____
_____	_____
_____	_____
_____	_____

Send Credentials To:

Name _____

Title _____

Name of Organization/School District _____

Address _____

City, State, Zip _____

Space for more destinations on back ⇒

Send Credentials To:

Name _____

Title _____

Name of Organization/School District _____

Address _____

City, State, Zip _____

Name _____

Title _____

Name of Organization/School District _____

Address _____

City, State, Zip _____

Name _____

Title _____

Name of Organization/School District _____

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