

****Your credential file can now be uploaded to school districts who are participating on the Online Web Recruitment System. Go to www.onlinewebrecruitment.org for the list of participating districts. Please note: Brockport Transcripts can not be uploaded at this time.**

CREDENTIAL REQUEST FORM

The College at Brockport

Credential Services
350 New Campus Drive
Brockport, NY 14420-2966

Credential Services
Phone: (585) 395-5390
Fax: (585) 395-5392

Social Security #: _____ - _____ - _____

Name: _____

Email Address: _____

Address: _____

**** Required if you are requesting to have your file uploaded.**
Provide the email address you used for the online application.

Special Instructions:

Phone: () _____

<u>Form of Payment</u>	
<input type="checkbox"/>	Paying by check. (Please make check payable to SUNY Brockport.)
<input type="checkbox"/>	Paying by credit card. Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>
Credit Card # _____	Expiration Date _____

Enter complete name and address below for each credential destination or online upload information:

<p>1. _____ _____ _____ _____</p>	<p>5. _____ _____ _____ _____</p>
<p>2. _____ _____ _____ _____</p>	<p>6. _____ _____ _____ _____</p>
<p>3. _____ _____ _____ _____</p>	<p>7. _____ _____ _____ _____</p>
<p>4. _____ _____ _____ _____</p>	<p>8. _____ _____ _____ _____</p>

****For more than eight addresses, please attach separate sheet.**