

**CREDENTIALS REQUEST FORM**

**SUNY BROCKPORT**™

State University of New York  
Office of Registration and Records  
350 New Campus Drive  
Brockport, NY 14420-2966

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

**PLEASE FILL IN COMPLETELY**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Special Instructions:

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

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| <b><u>For Office Use Only</u></b>            |  |
| <input type="checkbox"/> <b>Cash</b>         | <b>Amount Received: \$</b> _____         |
| <input type="checkbox"/> <b>Check</b>        | <b>Received By:</b> _____                |
| <input type="checkbox"/> <b>VISA/MC/Disc</b> | <b>Refund \$</b> _____ <b>From</b> _____ |
| <input type="checkbox"/> <b>Money Order</b>  |  |
| <input type="checkbox"/> <b>Easy \$</b>      |  |

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