

# CREDENTIAL FILE REQUEST

College of Charleston – Career Center  
Fax: 843-953-6341

Mailing Address: 66 George St., Charleston, SC 29424  
Location: Room 216, Lightsey Center, 160 Calhoun St.

Please complete this form to request that we send out your credential file. *The Career Center will only accept written requests for credential files, telephone requests will not be accepted.* This form must be signed and faxed, mailed, or hand delivered to our office. **First 5 files sent free. Each thereafter \$2.00.**

**Payment Policy Note: Make check payable to College of Charleston.** Prompt payment is required by cash or check. Requests will not be honored until outstanding account balances have been paid.

Name \_\_\_\_\_

Graduation Date \_\_\_\_\_  
Month / Year

Present Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Student ID# \_\_\_\_\_

*I hereby grant permission to the College of Charleston Career Center to release information contained in my credential file to employers, educational institutions, and foundations for the purpose of assisting me in obtaining employment, admission to graduate school, fellowships, and/or scholarships.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Credential File Request must be signed and dated.*

## Send File To:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

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(3) \_\_\_\_\_

(4) \_\_\_\_\_

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(5) \_\_\_\_\_

Send: \_\_\_\_\_ Complete File \_\_\_\_\_ Transcript

\_\_\_\_\_ Resume \_\_\_\_\_ References

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### Official Office Use Only

Hold in Pending for \_\_\_\_\_

Date Sent \_\_\_\_\_ Initial \_\_\_\_\_