

# CREDENTIAL REQUEST FORM

**NOTE: PLEASE ALLOW 5 BUSINESS DAYS FOR  
PROCESSING REQUESTS**

The first three credentials are *free*. Thereafter, the fee is *\$5.00 each*.

\_\_\_\_\_ Check enclosed - payable to St. Norbert College.

PLEASE PRINT ALL INFORMATION CLEARLY AND COMPLETELY.

\_\_\_\_\_ **Date of Request**

\_\_\_\_\_ **Deadline for Credentials**

\_\_\_\_\_ **Year of Graduation** Major: \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary \_\_\_\_\_ Music

Your Name \_\_\_\_\_

(Maiden Name) \_\_\_\_\_

SEND CREDENTIAL TO: \_\_\_\_\_

\_\_\_\_\_ **Name of Person Position/Title**

\_\_\_\_\_ **Name of School District**

\_\_\_\_\_ **Address**

\_\_\_\_\_ *Complete Mailing Address is Necessary, including Zip Code*

**Additional Information:**

*(i.e., resume, cover letter, application)*

**AUTHORIZATION:**

I hereby give my permission to the Teacher Education Department and the Teacher Placement Bureau of St. Norbert College to send or to distribute any or all items to a person or persons in public and/or private school where said items will be used for purposes of placement, certification, and/or employment.

\_\_\_\_\_  
**Signature**