

CREDENTIAL REQUEST FORM
PLEASE PRINT OR TYPE

YOUR NAME: _____

SS # _____

ADDRESS: _____

PHONE # _____

DATE: _____

EMAIL: _____

OTHER INSTRUCTIONS: _____

LIST BELOW THE ADDRESSES WHERE CREDENTIAL FILES ARE TO BE SENT. ADDRESS MUST INCLUDE SCHOOL OR DISTRICT NAME, OR COMPANY NAME. THE MAILING OF YOUR FILE WILL BE DELAYED IF ADDRESS IS NOT COMPLETE (I.E., MISSING ZIP CODE OR COMPANY/SCHOOL NAME, ETC.)

PAYMENT MUST BE MADE BEFORE FILE CAN BE SENT

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Send this form with payment
(if necessary)

TO: Wayne State College
Career Services Office
1111 Main Street
Wayne, NE 68787

OR: FAX TO: (402) 375-7072

EMAIL TO: coop@wsc.edu

For Office Use Only:

Date Sent: _____