



Credential File Request



Career Development Center, SAB50 ♦ One University Plaza ♦ Springfield, IL 62703-5407 ♦ Ph-217/206-6508 ♦ Fax-217/206-7544

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SEND CREDENTIALS TO:

Name of Person: _____

Title: _____

School/Organization: _____

Address: _____

City, State, Zip: _____

Name of Position Applying For: _____

Send entire file Send all references (limit 4) Send resume/CV Send unofficial transcripts

Send final teacher evaluation/certificate Send ONLY the following references:

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |

(If no selection is made, the entire file will be sent.)

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