

Credentials & Graduate Admissions Office Document Request Form

PLEASE NOTE: This form cannot be processed without the student's signature authorizing the release of records. You may request copies of items in your Credentials file provided you complete and submit this form. You may be charged a fee for copies requested. If you are required to pay a fee, the office will notify you. These requests are processed on the order received. We do not provide "Rush" or "Next Day" service. The normal turn-around time for processing is two (2) to three (3) business days from the date we receive your request. Please note: We can only provide copies of items that you have directly submitted to the credentials office, originals will not be provided.

Complete this form and submit it to credentials@sonoma.edu

Last name:	E-mail Address:
First name:	Program:
Middle Name:	Term & Year Admitted/Applied:
Former Name:	
SSU ID#:	Mailing Address: (street, city, state, zip)
*Phone:	
I am requesting a copy of the following item(s provided of the item(s) requested) Copy can b) from my credential file (only one copy will be e picked up or delivered via US Mail:
Transcripts: List Institution(s) (SSU transcripts m	nust be requested from Admissions and Records)
 □ Subject Matter Verification (CSET/Waiver) □ TB □ *Letters of Recommendation □ Other 	Note: Copy of Certificate of Clearance can be directly printed from ctc.ca.gov .
*NOTE: Copy will not be provided if recommender may	have requested not to share a copy.
I will Pick up copiesPlease mail cop	ies to address above
Student signature:	Date:
FOR OFFICE USE ONLY:	
Date mailed: Date Picked up (Check Photo ID):	
Rev.8.2024	