

[Required] Student Information:

California State University, East Bay 25800 Carlos Bee Boulevard, Hayward, CA 94542 College of Education and Allied Studies Credential Student Service Center

Phone: 510.885.2272 • Fax: 510.885.3250 • www.csueastbay.edu/cssc

REQUEST FOR CONTENT(S) IN A CREDENTIAL FILE

In general, credential files that are kept in our office are retained for **up to three years** beyond the term of program completion or for **one year** after non-enrollment (if you have not completed the program), whichever occurs first.

Name			
Last		First	Middle
Net ID/Student ID			
Credential Program Name		Program Year	
Email Address:You are advised to provide your Hor	rizon email account unless y	ou are no longer an active	student.
Home Phone	Work Phone	Cell Ph	one
Please provide email address where you would like document to be sent.			
Email Address			
[Required] Document(s) Requested much specific information as possi			
NOTE: There is \$15 fee for a copy of the entire credential file.			
Per this form, I authorize CSU	East Bay to release inform	nation concerning my ed	ucational records.
Type name:			
THIS SECTION IS FOR OFFICE USE ONLY			
Date Form Received:			By Staff Initials:
Date Processed:	Payment 1	Info:	By Staff Initials:

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