

**THE COLLEGE OF NEW JERSEY
Office of Career Services**

**CREDENTIALS SERVICE
REQUEST FOR MAILING CREDENTIALS FILE**

Please submit \$3.00 for each set of credentials to be forwarded to an employer and/or Graduate and Professional School.

PLEASE TYPE OR PRINT

Candidate's Name _____ Date _____

Month/Year of Graduation _____ Academic Major _____

Telephone Number () _____ () _____ () _____
Home Phone Local Phone Cell Phone

Address _____
Street City State Zip Code

Signature _____

Please forward my credentials to:

Name/Title

Employer/Graduate or Professional School

Street City State Zip Code

Please send: Complete File Only the following letters: _____

Please forward my credentials to:

Name/Title

Employer/Graduate or Professional School

Street City State Zip Code

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PLEASE LIST ADDITIONAL REQUESTS ON THE BACK.

PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING.

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