



AUTHORIZATION FOR HANDLING OF CALIFORNIA CREDENTIALS

Upon filing my credential, I request that a copy of the completed credential application be:

_____ mailed to me at the following address:

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

(Email address)

_____ held for me to pick up in the Education Department Office
Please notify me by phone at _____.

Print Name

Applicant's Signature

Date

***IT IS THE APPLICANT'S RESPONSIBILITY TO KEEP THE MOUNT SAINT MARY'S UNIVERSITY EDUCATION DEPARTMENT INFORMED OF ANY CHANGE IN ADDRESS OR PHONE NUMBER.**