



California State University, Sacramento
 College of Education, Credential Analysts' Office
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CREDENTIAL REQUEST FORM

Applicant's Full Legal Name (as it will be printed on your credential document) **and Mailing Address:**

_____ (First) _____ (Middle) _____ (Last)

_____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Social Security #: _____ - _____ - _____ **Date of Birth:** _____ / _____ / _____

Home Phone: () _____ **Work Phone:** () _____

E-Mail Address: _____ **All Former/Maiden Name(s):** _____

✓ **Please check the credential or certificate for which you are initiating a request.**

Multiple Subject
 (Ryan) (SB 2042)
 CLAD BCLAD ELA
 Preliminary
 Clear
 Supplementary or Subject Matter Auth.

Single Subject
Subject(s): _____

 (Ryan) (SB 2042)
 CLAD BCLAD ELA
 Intern
 Preliminary
 Clear
 Supplementary or Subject Matter Auth.

Education Specialist **ELA**
 MM MS ECSE
 Intern
 Certificate of Eligibility
 Preliminary Level I
 Clear Level II

Administrative Services
 Intern
 Certificate of Eligibility
 Preliminary
 Clear
 Pupil Personnel Services
 Sch Psych Sch Couns Sch Soc Wrk
 Intern
 Clear

Speech-Language Pathology Services
 Language, Speech & Hearing
 Special Class Authorization
 Preliminary
 Clear

Adapted Physical Education Specialist
 Reading and Language Arts Specialist
 Resource Specialist
 School Nurse Services **with STAH**

I authorize the California State University, Sacramento Credential Analyst to release information concerning my credential application to appropriate inquiring school districts and to forward my credential application and supporting materials to the Commission on Teacher Credentialing for issuance of the credential I have requested.

Signature: _____ **Date:** _____