

Request for Original Non-Confidential Documents in Credential File

Date:		(Must be received in our office prior to April 3	0, 2013)
Name	of Credential File Holder	·	
I here	eby request the origina	Il letters of reference and all information in my Credential F	ïle.
	I will pick up my file	e after I am notified it has been retrieved.	
	Email for notification	n@	
	Please mail to the f	ollowing address:	
	Name		
	Street Address		
	City		
	State		
	Zip		
the pro	operty of, or accessible	dential Files that are picked up by or mailed to the Credential File through, Career Advising. I also understand that I may now set uthe College Central Network system or at another online source	ıp and self-manage
Signa	ature of Credential F	ile Holder	

Return signed form to:

Mail: Northeastern Illinois University, Career Advising, 5500 North St. Louis Avenue, Chicago IL 60625

Email: career-services@neiu.edu (sign and scan first)

Fax: (773) 442-4690