

**INFORMATION COVERSHEET  
CREDENTIAL SERVICES- SAN JOSE STATE UNIVERSITY**

Name \_\_\_\_\_ SJSU ID \_\_\_\_\_  
(Name as you wish it to appear on your credential)

SSN \_\_\_\_\_

AKA/Former Name(s) \_\_\_\_\_ Birthday \_\_\_\_\_

Home Phone Number \_\_\_\_\_ (Work or Cell) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address (Very Important) \_\_\_\_\_  
(Please Print Clearly)

Have you ever applied for a credential through this office before? YES / NO

List all previous credentials held \_\_\_\_\_  
(Internships, 30-day sub, short-term staff permit, other credentials)

Credential you are applying for today \_\_\_\_\_ CLAD: Yes / No

**Privacy Act Information Release:**  I Wish  I Do NOT wish to have information released to prospective/current employers, school districts, counties' Office of Education concerning my application packet (No personal information is released)

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Name of Credential \_\_\_\_\_

Supplementary Authorization \_\_\_\_\_ Subject Matter Authorization \_\_\_\_\_

Program Completion Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PEOPLESOFT  FILE MAKER Notes: \_\_\_\_\_

Credential Analyst \_\_\_\_\_ DATE \_\_\_\_\_