

# Credential File Application

School of Education Career Services, 111 Waverly Avenue, Suite 230  
Syracuse, NY 13244, 315-443-4759

A **credential file** contains letters of recommendation and serves as an integral part of the job application process. Once your file contains at least 3 reference letters, copies of these letters can be sent to potential employers at your request. We will not send any more than five letters out at a time. This file remains active for the duration of your career life and can be updated during that time.

## What is included in your file?

The credential file contains **letters of recommendation only**. Resumes, transcripts, and other documents are not included in the credential file.

## Should the letters be confidential or non-confidential?

School districts typically prefer confidential letters; therefore, it is advised to waive access to your letters. If you sign the recommendation form as non-confidential, you may read the letter only. Sealed confidential and non-confidential letters cannot be provided to a student under any circumstance.

## When should a file be established?

The fall of your senior year or the year that you student teach. It is important to request a recommendation letter while knowledge of your abilities is still fresh in the writer's mind.

## When should you request to have the file sent?

A job application may indicate that recommendation letters are required when submitting materials or the employer may request letters at a later time in the interview process. Please email all requests to [blhoefle@syr.edu](mailto:blhoefle@syr.edu).

**Registration Fee** – The \$35 fee covers the set-up of a credential file, which is active for your entire career life. The fee also covers the first 3 mailings and/or the first 6 emailed files.

- **Credential File Mailing Fee** – After utilizing your free mailings and emails, three payment options are listed below for additional mailings and emails. If choosing Option 1 or 2, payment should be submitted prior to sending out your first request. The mailings will not expire. Option 3 payment should be submitted as soon as possible after the request is made. Checks made out to **Syracuse University** or cash will be accepted.

Option 1 - \$30	Option 2 - \$20	Option 3 - \$5
10 Mailings	5 Mailings	1 Mailing
20 Emails	10 Emails	2 Emails

## Additional Information Regarding Credential File Service

- ❖ The Education Career Services office reserves the right to refuse sending credential files for any account which has accrued 6 unpaid mailings.
- ❖ Recommendation writers should be the most familiar with your experience and ability. Recent graduates should make every effort to obtain letters from people associated with student teaching, practicum experiences and internships.
- ❖ Blank recommendation forms and return envelopes will be issued upon opening your file. Courtesy dictates that you provide the writer with a stamped envelope.
- ❖ Recommendation forms which accompany the letters require both the applicant's and writer's signatures. If you retain your right to access (non-confidential), you may read the letter. If you waive your right of access (confidential), you may not read it or see any content of the letter.
- ❖ **Check with the Education Career Services Office approximately one month after distributing the recommendation forms. If a letter does not arrive in a timely fashion, you may need to remind your recommendation writer.**

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**SYRACUSE UNIVERSITY**  
**School of Education Career Services**

111 Waverly Avenue, Suite 230

Syracuse, NY 13244-2340

(315) 443-4759 – Phone

(315) 443-5732 - Fax

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Date \_\_\_\_\_

Name \_\_\_\_\_ SUID # \_\_\_\_\_

Present Address \_\_\_\_\_ Until \_\_\_\_\_

\_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

**EDUCATION:**

Please list below the major you are currently working on or have just finished at S.U.

What is your degree—Bachelors, Masters or Ph.D?

What is the date of your graduation?

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Please complete and sign this authorization form. Further information on policies and procedures is available in the instructions contained in this registration packet or through the School of Education Career Services Office.

I, \_\_\_\_\_, am requesting to establish a credentials file with the School of Education Career Services Office. **I understand that it is my responsibility to see that my file contains complete, accurate and up-to-date information.**

(In keeping with the University's policy of compliance with the Family Educational Rights and Privacy Act of 1974, your credential file should be released to a third party only after your written request. Because we allow requests to be made by fax, email or directly by an employer or other party, we would like to give you the opportunity to authorize in advance the release of your credentials. Please read the following and check all applicable statements.)

I authorize my credential file to be transmitted as checked below:

\_\_\_\_\_ When requested in writing, including fax, email, or standard mail

\_\_\_\_\_ When requested by a prospective School/University or other employer  
(we will contact you first before sending out your credential file)

I would like my file to be established in the area of my field (check one)

\_\_\_\_\_ Teacher, School Counselor, Library Media Specialist

\_\_\_\_\_ Administrative (Superintendent, Principal, District Personnel)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Syracuse University and the Education Career Services Office uphold the human rights code and therefore do not discriminate on the basis of age, race, religion, sex or national origin.

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Please list below the names of three to five persons whom you will be asking to write letters of recommendation for your credential file. Please note:

- We do not consider a file complete for mailing until at least **three** letters have arrived.
- We will mail up to **five** different recommendations per file transmittal.
- Letters should accompany the School of Education Career Services recommendation form, and mailed to this office directly by the recommendation writer.
- You will be asked on each recommendation form to indicate whether or not you wish to waive access to the letter.
- You may make changes to this list at any time. Please contact the office by phone, email or writing with any changes.
- If at any time your file contains more than 5 letters, you must indicate which 5 letters are to be considered active for the purpose of file transmittal. If you do not indicate so, the most recent five will be mailed.

1.

2.

3.

4.

5.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_