

CREDENTIAL REQUEST

Avila University, Registration & Student Records Office
 11901 Wornall Road, Kansas City, MO 64145
 * 816-501-2410 phone * 816-501-2452 fax * www.avila.edu

- ◆ Credential files - \$25 charge when file is created, no additional fees.
- ◆ Credential files do not include transcripts. These must be requested separately.
- ◆ Allow up to 10 business days for processing. We are not able to fill on-the-spot requests.
- ◆ You must include complete address of where credentials are to be sent.

Last name	First	Middle	Avila ID # or SSN
Maiden Name	Former Name(s)		Birth date
Current Address	City	State	Zip
(_____) _____ Home Telephone Number	(_____) _____ Work Telephone Number		
Student Signature	Today's Date		

SEND CREDENTIAL FILE TO:

Name: _____ Position/Title: _____ School District: _____ Address: _____ City, State, Zip: _____	Name: _____ Position/Title: _____ School District: _____ Address: _____ City, State, Zip: _____
Name: _____ Position/Title: _____ School District: _____ Address: _____ City, State, Zip: _____	Name: _____ Position/Title: _____ School District: _____ Address: _____ City, State, Zip: _____

Office Use Only: How Many: _____ Amount Paid: _____ Date Paid: _____
 Cash: _____ Check No.: _____ Date Sent: _____ By: _____