

The University of Scranton
Career Services

Credential Mailing Request

Name: _____

Today's Date: _____

Date of Graduation: _____

Type of Recommendations (Check One):

Graduate/Professional School

Employment

Send all recommendations in file

Send only the following letters:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Send To:

Deadline Date: _____

Office Use

Date Mailed: _____

Staff Initials: _____