



COLLEGE OF EDUCATION,  
HEALTH & HUMAN SERVICES

### ADDED AUTHORIZATION APPLICATION

(For candidates adding a teaching or subject matter authorization to an existing Multiple or Single Subject Credential)

#### **\$25.00 Credential Evaluation Fee**

(Refer to Credential Evaluation Fee Payment Form payment information)

**INSTRUCTIONS:** Form is fill-in enabled. Download copy to your own computer, open and complete form using computer's tab key to navigate from field to field. If filling out by hand, please print.

SSN: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Former/Maiden

Street / P. o. Box Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_ Work Ph.: \_\_\_\_\_

Preferred Email Address\*: \_\_\_\_\_

Alternate Email Address:\* \_\_\_\_\_

*\* (Due to problems associated with district firewalls, please use email addresses other than your district email.)*

Deliver/Mail this request to: CEHHS Student Services  
Teacher Credentialing - UNIV 221  
CSU San Marcos  
San Marcos, CA 92096-0001

I authorize CSUSM to release information concerning my credential application to appropriate inquiring school districts and offices and to forward my credential application and supporting materials to the California Commission on Teacher Credentialing for issuance of the credential I have requested.

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