



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**  
 Credential Preparation Center, CP 540  
 (657) 278-3205 Fax (657) 278-2868

**RESOURCE SPECIALIST ADDED AUTHORIZATION  
 CREDENTIAL APPLICATION**

Last Name: _____			First Name: _____			Middle Name: _____		
Maiden Name: _____						CWID: _____		
Social Security Number: _____			-	-	Date of Birth: _____			-19
Address: _____				City/State: _____			Zip: _____	
Home Phone: (    ) _____			Work Phone: (    ) _____					
Cell: _____				Email: _____				
<b>Online application requires a valid e-mail account.</b>								

**OFFICE USE ONLY:**

*DATE STAMP*

Completion Date: _____
Issuance Date: _____
CTC Submittal Date: _____
<input type="checkbox"/> <b>ACCESS DATA ENTRY</b>
<input type="checkbox"/> <b>CMS DATA ENTRY</b>

*Updated 11/2/2017*