

FORM C – REQUEST FOR ISSUANCE OF CERTIFICATE FORM

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Extension: _____ Fax: _____

Email: _____

I am registered for a certificate at Level:

I _____ II _____ III _____ IV _____

I am now requesting issuance of a certificate at Level:

_____ Yes, I would like my Library Director to be notified of my award.

Library Director's Name: _____

Library Director's Address: _____

_____ No, I would not like my Library Director to be notified of my award.

_____ I wish to be awarded my certificate at the NYSLAA Annual Conference.

or

_____ Please mail my certificate.

Mail form to: **CAP Review Board Coordinator**

02/06