veCOLLECT WESLEYAN ACCOUNT REQUEST

Rosalind Adgers, Health Professions Assistant and Credential Service Coordinator
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health.professions.credential.service@wesleyan.edu

I, ___________________________, Class of ________________

Print Full Name

Wesleyan ID# ________________

Hereby request the authorization code in order to access a veCollect Account through the Credential Service Office, Gordon Career Center at Wesleyan University.

__________________________   __________________________
Signature                    Date

Return this completed form to Rosalind Adgers, Health Professions Assistant and Credential Service Coordinator in Boger Hall, Gordon Career Center, 41 Wyllys Avenue, Middletown, CT, 06459