

**WESLEYAN UNIVERSITY CREDENTIAL SERVICE
CAREER RESOURCE CENTER
25 Lawn Avenue Butterfield A
Middletown, CT 06459
860-685-3367
860-685-2181 (Fax)**

As of JULY 1, 2005: CREDENTIAL SERVICE FILES PURCHASED AFTER THIS DATE WILL BE DESTROYED AFTER A 10-YEAR PERIOD. FILES MAY BE KEPT ACTIVE UPON REGISTRANT S'WRITTEN REQUEST.

CREDENTIAL SERVICE REGISTRATION FORM

Name: _____ Class: _____

Wes Student ID#: _____

Campus Address: Room#: _____ Box#: _____

Phone#: _____ E-Mail: _____

Home Address _____

If registering by mail, to what address do you want the Credential Service package mailed? _____

Home Phone (Please include Area Code): _____

Are you a Pre-Med Applicant? _____

I WISH TO SUBSCRIBE TO \$ _____ SERVICE FOR _____ MAILINGS

You may charge this Service to your student account until April 19, 2009 (date may be subject to change).

*This is to certify that I have read and understood the Credential Service information sheet. I am aware that the Wesleyan University Credential Service will process and mail my credentials only upon my written request. **Phone and e-mail requests are not accepted. Once the completed registration form and payment are received, registrants receive the pink Reference/Waiver forms and mailing request forms.***

Signed: _____

Date: _____

Office Only

Type and Amount of Payment Received: \$ _____ Cash Check Charge to Student Acct.

Package Received: _____

Package Sent: _____