

CREENTIAL SERVICE FEE WAIVER

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I, _____, Class of _____
Print Full Name

Wesleyan ID# _____

Campus Address: _____

Cell Phone #: _____ E-Mail: _____

Am a current Wesleyan student and I hereby request that I be considered for a Credential Service Fee Waiver due to extreme financial need. I am thereby granting the Credential Service Office permission to contact the Wesleyan University Financial Aid Office in order to confirm my eligibility for this waiver.

Signature

Date