

# OFFICIAL WESLEYAN TRANSCRIPT REQUEST FORM

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I, \_\_\_\_\_, Class of \_\_\_\_\_  
Print Full Name

Wesleyan ID# \_\_\_\_\_

Campus Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Am a current Wesleyan student \_\_\_\_\_ alum \_\_\_\_\_ and would like to hereby request that a copy of my official transcript from Wesleyan be sent to the Credential Service Office. I understand that this document will be used in the review of my credentials as part of the preparation for my committee letter request in support of my application to either medical, dental or veterinary medicine programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date