

## COMMITTEE LETTER FILE 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 would like to hereby request that I be considered for a COMMITTEE LETTER FILE 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