

veCOLLECT WESLEYAN ACCOUNT REQUEST

Rosalind Adgers, Health Professions Assistant and Credential Service Coordinator
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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**