

**WESLEYAN UNIVERSITY
OFFICE OF THE REGISTRAR
CERTIFICATION REQUEST**

Tele: (860) 685-2810

Fax: (860) 685-2601

Last Name

First Name

Middle Initial

WES ID#

Class Year

Wes Box#

Year and Semester verification is being requested for: _____

Reason for Request:

Good Student Driver, ("B" or better average) Discount on Auto Insurance

Enrollment Verification for Health Insurance

Other

Special Instructions:

Contact Information of person making the request, if other than student:

Name _____

Telephone _____ Fax _____

Address to which certification should be mailed:

Street: _____

City, State, Zip, Country:
