

Wellesley College

Student Financial Services 106 Central Street, Wellesley, MA 02481-8294

Email: StuAccts@Wellesley.edu Web Site: www.wellesley.edu/SFS/

Phone: (781) 283-2456 Fax: (781) 283-3636

Wellesley College Information Form

The person(s) signing below as the Financially Responsible Party agrees to assume joint liability with the student for any debt incurred during her attendance at Wellesley College. The terms of payment, adjustment, withdrawal and late arrival set forth in the Wellesley College Bulletin are incorporated herein and hereby accepted.

The Wellesley College billing statement will be mailed to the student at their current address. Student registration is not complete and course credit cannot be earned until all charges have been paid. Any change of address should be communicated to the Office of the Registrar immediately.

Name of Studen	nt							
(please print)	Last	Fi	rst	Middle	Social	Social Security Number		
Signature and printed name of Financially Responsible Party (required) Permanent home address (please print)				Date	Date Re		Relationship to student	
				Secondary address (if different)				
City	State	Zip	Country	City	State	Zip	Country	
Home Phone	Day Phone				Email			
Signature and printed name of additional Financially Responsible Party (optional)				1)	Date	e Relationship to studen		
Secondary address (i	f different from other Finan	cially Responsi	ible Party)					
Home Phone	Day Phone				Email			
Signature of student (required)					Date			

Please return this form, signed by Student and Financially Responsible Party to: Wellesley College Student Financial Services
106 Central Street Room 141
Wellesley, MA 02481-8203