



Enrollment Verification Request Form*

**Verifications containing current term information can be printed directly from the Student Records menu on Banner Self-Service beginning one week before classes begin through the end of the semester.*

Name: _____ Banner ID#: _____

Birth Date: _____ Phone #: _____

Email Address: _____

Currently enrolled as a full time student? YES NO

Choose An Option:

Mail Verification to: _____
Name/Organization

Address

City, State, Zip

Fax Verification to #: _____ **Attn:** _____

Mail to HUB Box: _____

I will pick up Verification

If Health Insurance information needs to be on verification, please provide:

Company Name: _____

Name of Policy Holder: _____

Policy #: _____

Send this completed form to:
Office of the Registrar, Dickinson College
P.O. Box 1773, Carlisle, PA 17013
or fax to: 717-245-1534