



OFFICE OF FINANCIAL AID

P.O. Box 1773  
Carlisle, PA 17013-2896

717-245-1308 *phone*  
717-245-1972 *fax*  
finaid@dickinson.edu  
www.dickinson.edu

## IRA/Pension Rollover Statement 2024-2025 Academic Year

*Please complete and return to the Office of Financial Aid.*

---

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Dickinson ID: \_\_\_\_\_

---

Parent's Name: \_\_\_\_\_

Please report below the amount (if any) of your 2022 IRA or Pension distribution that was rolled over to another qualifying retirement account. Please be sure to sign and date on the line provided.

---

---

---

---

---

---

### ACKNOWLEDGEMENT

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

Parent's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Based on guidance from the Department of Education, signatures created using fonts are **not valid** to update federal aid information. Acceptable electronic signatures on this form include an image of a hand signature, or those created utilizing hand motions from a stylus or finger.