



OFFICE OF FINANCIAL AID

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IRA/Pension Rollover Statement 2023-2024 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 2021 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.