Dickinson

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
2027-2028 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 2025 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.