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

Revised 4/16