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

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