



## 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  
or email to reg@dickinson.edu