



**Request for Certification of Students Seeking Readmission to Dickinson College**

This form should be given to a college official with access to the school’s official records. This official need not know the individual personally. The individual requesting this document should complete the first two sections of the form.

**To The Applicant:** Please fill out Part A of the form. A college official is responsible for completing Part B.

**Part A:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ DOB: \_\_\_\_\_

*I understand that federal legislation (The Family Educational Rights and Privacy Act of 1974) provides me with a right to access this Certification and the information contained in it once completed which may be waived. I understand that no school or person can require me to waive this right and that I may or may not make such a waiver.*

I hereby waive  do not waive

My right of future access to this Certification, including the information contained in it once completed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B:** To the college official, it would be inappropriate for you to complete the form before the applicant has chosen one of the privacy options above.

Student Name: \_\_\_\_\_

• Does the above named student have disciplinary charges now pending or that are expected to be brought against this student?  Y  N

• Has the above named student ever for any reason been given an academic warning, been on academic probation, required to withdraw, suspended, or expelled?  Y  N

**If the answer to either of the above is “yes,” please attach an explanation.**

• Is the above named student in good academic standing at your institution?  Y  N

• Is the above named student eligible to return to your institution?  Y  N

Additional comments: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed forms to:**  
Dickinson College - Registrar’s Office  
PO Box 1773  
Carlisle, PA 17013  
Fax: 717-245-1534 Email: reg@dickinson.edu