

1. NAME (First, middle, last)		2. SOCIAL SECURITY NUMBER	3. RIT University ID number
4. LOCAL ADDRESS		5. PERMANENT ADDRESS (if Same as Block4, write same)	
		RIT Program: (example- Elec. Eng. Tech.)	
		Major Code: (example ITFE)	
6. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED, Spouse's name _____ <input type="checkbox"/> DIVORCED		7. NUMBER OF DEPENDENTS	8. EMAIL ADDRESS
9. Please provide the Name and telephone number of the person to contact in case of emergency.		10. LOCAL TELEPHONE NUMBER (Include Area Code)	11. OTHER TELEPHONE NUMBER (Include Area Code)

12. Is the mailing address above different from the address previously used for benefits?.....  Yes  No  
 If Yes, Please check here if you need a VA Change of Address Form. (VAForm-572).....

13. I have additional dependents, and need a VA Dependent Change form. (VA Form21-686c)  Yes  No

14. I need an RIT Veterans Tuition Deferment to register for classes?.....  Yes  No

15. I have changed my RIT college or major course of study, within the last year?.....  Yes  No  
 If changed please complete VA Form 22-1995 or 22-5495.

16. Do you have additional coursework to transfer to your program?.....  Yes  No  
 If so, bring us your documents, official transcript or other training certificates.

17. I am interested in learning more about the AREA Veteran Organizations.....  Yes  No

18. I have a service connected disability and will need help while at RIT .....  Yes  No

19. Would you like to become a peer tutor for a course you have previously taken and recieved an A or B? .....  Yes  No

20. Please provide me with information on the following subjects:

<input type="checkbox"/> Veteran Benefits	<input type="checkbox"/> Financial Aid Verification	<input type="checkbox"/> Veteran's Academic Assistance Program	<input type="checkbox"/> ConAP
<input type="checkbox"/> Tuition Deferment	<input type="checkbox"/> Veteran's WORKSTUDY		
<input type="checkbox"/> Military Evaluation	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> DAV Scholarships	

**21. Please indicate the number of Credit Hours you will be Registering for in School Year 2008 - 2009**

FALL TERM (20081)	WINTER TERM (20082)	SPRING TERM (20083)	SUMMER TERM (20084)
Enter Credit Hours: _____	Enter Credit Hours: _____	Enter Credit Hours: _____	Enter Credit Hours: _____

22. If Co-oping, do you wish to receive VA benefits while on Co-op?  Yes  No  Unsure ??

23. I will be attending RIT at.....(Please Check One)  
 HENRIETTA CAMPUS  ONLINE  OTHER \_\_\_\_\_

**Authorization to Release Information:** I hereby authorize the release of my Veteran file information as follows: By releasing my information to anyone, only persons with a need to know will have access to your files. You can deny access to your files, by selecting "NO ONE" or, you can specify a single person's access to your files. Ask, if this is unclear or you have any questions.

**Notice:** Your VA benefit records will be maintained by RIT's Office of Veteran Enrollment Services (OVES) to verify your veteran status with the Registrar; the amount of V.A. Educational Benefits to Financial Aid, and to implement the RIT Veteran Tuition Deferment with the Student Financial Services Office. All information will otherwise remain confidential and will only be released as authorize below. I will report any changes to your RIT enrollment to OVES. to help prevent any over payment of veteran benefits.

I AUTHORIZE RELEASE OF INFORMATION from OVES to:	SIGNATURE	DATE
<input type="checkbox"/> ANYONE (On a Need to Know Basis) <input type="checkbox"/> RIT Veterans Club <input type="checkbox"/> NO ONE <input type="checkbox"/> OTHER _____		

OVES USE ONLY	DA2171	DD 214	DD2384	22-1993a	22-1990	22-5490	22-1995	22-5495	28-1905	RE	FAV	ME	DEF	RIT/ OVESCode
Date Required														
ON FILE														

REMARKS:

**R-I-T**  
2/26/2007