

RIT | Office of Financial Aid and Scholarships

56 Lomb Memorial Drive • Rochester, New York 14623
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Vocational Rehabilitation Assistance

This is to be completed by the VR counselor and returned to the Office of Financial Aid & Scholarships. *If you have any questions, please do not hesitate to contact us.* **Please upload this form to www.rit.edu/aid/upload.**

Student Name _____ University ID _____

VR Support Provided for Financial Aid Year: _____

	Summer	Fall	Spring
Tuition			
Fees			
Room			
Board			
Books			
Transportation			
Personal			
Total			

If this student will not be receiving VR support, please indicate reasons why.

VR Counselor Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Electronic signatures not accepted. Please print the document, sign it, and upload it to www.rit.edu/aid/upload.

Office use only: Scan as VR Info Exchange