

# RIT | Office of Financial Aid and Scholarships

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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](http://www.rit.edu/aid/upload).**

Student Name \_\_\_\_\_ University ID \_\_\_\_\_

VR Support Provided for Financial Aid Year: \_\_\_\_\_

	Summer	Fall	Spring
<b>Tuition</b>			
<b>Fees</b>			
<b>Room</b>			
<b>Board</b>			
<b>Books</b>			
<b>Transportation</b>			
<b>Personal</b>			
<b>Total</b>			

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

VR Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ TTY: \_\_\_\_\_ Fax: \_\_\_\_\_

*Electronic signatures not accepted. Please print the document, sign it, and upload it to [www.rit.edu/aid/upload](http://www.rit.edu/aid/upload).*

Office use only: Scan as VR Info Exchange