

**Student Travel Assistance Program
Rochester Institute of Technology**

Please complete form and return it via email to Risk Management at jmmcps@rit.edu or fax it to 475-7950.

Submitted by: _____ Destination of Trip: _____

RIT Phone #: _____ Dates of Trip: _____

Note: Enrollees must be RIT registered students.

	Name	Gender	DOB
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