

R·I·T | NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Office of Student Financial Services 25 Lomb Memorial Drive Rochester NY 14623
Phone (585) 475-6186 Fax (585) 475-5307 EMAIL: asksfs@rit.edu

AUTHORIZATION FOR REALLOCATION OF TUITION-SPECIFIC FINANCIAL AID AWARDS

PELL, NTID/RIT Grants and NYS TAP will be applied to tuition charges prior to VR funding, which could result in less than the full authorized amount of VR support for tuition being applied to the student account.

Any exceptions must be authorized in writing as part of your authorization each term or by completing the form below.

Student's Name: _____

University ID Number: _____ Date of Birth: _____

I request and authorize Student Financial Services at RIT/NTID to utilize tuition-specific aid for other charges on the student account (i.e. room and board) for the above named student as follows:

PELL GRANT

NTID/RIT GRANT

This authorization will be in effect for the following length of time:

Current term only: FALL 20____ SPRING 20____ SUMMER 20____

Full academic year (20____ - 20____)

Student's entire academic career at RIT/NTID

VR Counselor
Signature: _____ Date: _____

Email: _____ Phone: _____