

Vocational Rehabilitation Information Needed

If you will be receiving financial support from Vocational Rehabilitation (variety of names: BRS, DVR, Acces, etc.) please fill out the information below:

Student's Name: _____
Please print

VR Counselor Name: _____

VR Address: _____

Telephone _____

Fax _____

VP if any _____

email _____

Please return this form to:

NTID Student & Academic Services
52 Lomb Memorial Dr. bldg. 60 room 2620
Rochester, NY 14623-5604
Attn: Barbara Polle
Fax 585-475-7850

or by email in pdf format to:

BLPNOD@RIT.EDU

Questions may be directed to Barbara Polle 585-475-6863 or to the email address above