

**REALLOCATION REQUEST FORM
FOR CAMPUS-BASED FUNDS FOR
THE 2005-2006 AWARD YEAR
November 2005**

1. Name of Institution: _____
2. Address of Institution: _____

3. OPEID Number: _____
4. Number of students enrolled at the institution who were enrolled or accepted for enrollment for the 2005-2006 academic year at an institution located in an area affected by either Hurricane Katrina or Hurricane Rita: _____
5. Number of affected students who enrolled at the institution and who have applied for Federal student aid, as evidenced by a 2005-2006 Institutional Student Information Record (ISIR) or Student Aid Report (SAR) received by the institution: _____
6. Amount of campus-based reallocated funds the institution estimates it will be able to expend in the 2005-2006 award year: \$ _____

I understand that by signing my name below I am certifying that the information above is true and accurate to the best of my knowledge and that it is subject to review by the United States Department of Education.

Printed or typed name of Financial Aid Officer:

Phone Number and email address of Financial Aid Officer:

Signature: _____ Date: _____

Fax this signed form to (202) 275-5522 by November 28, 2005

Only one request form is required from institutions that enrolled affected students from both hurricanes.