

**Consent for Referral
and
Permission for Release of Information**

TO: THE OFFICE OF VOCATIONAL REHABILITATION

Student's Name: _____ Date of Birth:

Social Security Number: _____ School: _____

I understand that my child is being considered for services from the Office of Vocational Rehabilitation as part of his/her Transition plan. It is with my knowledge and consent that he/she may be referred to this program.

It is also with my knowledge and consent that the following records may be released by the school to the Office of Vocational Rehabilitation for the expressed purpose of determining eligibility and planning necessary services:

I understand that this information shall be held confidential and shall be used only in the administration of his/her vocational rehabilitation program.

Since my child is currently under the age of 18 and/or still under my guardianship, I would like to apply for services from the Office of Vocational Rehabilitation on his/her behalf. I understand that the intent of this program is employment and that all services provided by the Office of Vocational Rehabilitation will relate directly to the attainment of a specific vocational goal.

Parent/Guardian Signature

Date

INSTRUCTIONS FOR SCHOOL STAFF:

******The original of this form must be returned to the OVR counselor before the application and eligibility process can proceed. Upon receipt, the counselor will schedule a meeting with the student to complete additional paperwork. Please forward this form along with a copy of the records identified above to***