



Creating Opportunities - Supporting Success

CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION

I, the undersigned, student/client:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Give my consent to share information about the above client between the following agencies or individuals:

Name: Peak Community Services

Address: 1416 Woodlawn Ave., Logansport, Indiana 46947

Name: Career Links aka Cardinal Services

Address: 504 North Bay Dr., Warsaw, IN 46580

Name: Vocational Rehabilitation, State of Indiana

Address: 402 West Washington St., Indianapolis, IN

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Name: Joint Educational Services in Special Education

Address: 324 Kingston Rd, Plymouth, IN 46563

Guardian Name & Address: \_\_\_\_\_

\_\_\_\_\_

Content of information to be released:

- Checkboxes for Vocational Program Reports, Individual Program Plan, Medical Records, Program/Treatment Recommendations, Diagnosis & Evaluation Reports, Progress Reports & Case Notes, School Records, and Other.

Form in which information may be released:

- Checkboxes for Written Reports, Verbal Reports, Electronic Media, and Other.

For the purpose of:

- Checkboxes for Evaluation for Services, Program Eligibility Determination, Pre-Employment Transition Services, and Other.

I reserve the right to revoke this consent at anytime. I understand that I can revoke this consent by notifying my school or Pre-ETS consultant. I understand that this consent expires ONE year from the date below.

I hereby decline to participate in this program \_\_\_\_\_ (initial)

Signature of Client: \_\_\_\_\_

Signature of Guardian, if applicable: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_