Joint Educational Services in Special Education

P. O. Box 418
Plymouth, IN 46563
574-936-2627

VOCATIONAL REHABILITATION REFERRAL FORM

(Permission to disclose personally identifiable information and permission to invite Transition Service Agency Representative)

Student Name: _____

Student Address: _____

_____
City, State, Zip Code

Student Phone #: _____ Cell #: _____

Date of Birth: _____ Disability: _____

County of Residence: _____ School: _____

Anticipated Date of Graduation: _____

Social Security Number: _____

I hereby give permission to disclose personally identifiable information from my child's educational record to Vocational Rehabilitation. I also give permission for the Vocational Rehabilitation Counselor to be invited to the Annual Case Conference during my child's Junior and Senior year of high school.

I reserve the right to revoke this consent at any time. I understand that I can revoke this consent by notifying School Administration. If not revoked, this consent will expire one year from signature date.

_____Date: _____
Parent Signature (or Student if 18 years or older)

Revised September 2017