

PRE-EMPLOYMENT TRANSITION SERVICES RELEASE

STUDENT INFORMATION					
*FIRST NAME	MI	*LAST NAME			*DATE OF BIRTH
MAILING ADDRESS			*EDUCATIONAL DISAB	ILITY PF	ROGRAMMING (select one)
			🔲 IEP 🔲 504 Plan 🔲	None - Se	elf-Disclosure of Disability
*RACE (select one)					
🔲 American Indian or Alaskan Native 📲	Asian	🔲 Black/Africa	n American 🛛 🔲 Hawaiian N	lative/Oth	ner Pacific Islander 🛛 🔲 White
*ETHNICITY (select one)	GEN	IDER (select one)		ANTICI	PATED EXIT DATE
🔲 Hispanic/Latino 📋 Non-Hispanic/Latino 📄 Male 📄 Female 👔			Do not wish to self-identify		
*GRADE *COUNTY OF RESIDENCE	*SC	HOOL DISTRICT	OF RESIDENCE	SCHOOL	PROGRAM OF ATTENDANCE
PARENT NAME(S)	E-M	AIL ADDRESS		PHONE	NUMBER

RELEASE INFORMATION

The Office of Vocational Rehabilitation's (OVR) Pre-Employment Transition Services (PETS) help students with disabilities learn about themselves, understand work requirements, practice work skills, explore training options, and choose a career that may be further explored through individualized Vocational Rehabilitation Services.

This release will remain valid until I accept my diploma from the school named above. I acknowledge that in completing this release for PETS, OVR may obtain or release confidential personal information (Full Name, Date of Birth, Ethnicity, Race, County of Residence, Contact Information, School District of Residence, Current Grade Level, Anticipated Exit Date, PETS Progress Reports, and Educational Programming Status) about me as follows:

- to purchase services or provide services for me from the following PETS providers (please include provider name and address):
- to collaborate with OVR providers and partners on my behalf;
- to report my progress to the school listed above;
- when required to disclose it pursuant to law or regulations;
- to exchange information regarding my participation in PETS, to the extent it facilitates cooperation between the school, a PETS provider and OVR regarding scheduling of services.

I release the above entity that disclosed this information from any legal responsibility or liability for disclosure of the information to the extent that the information was used for its stated purposes.

This authorization or a true and accurate copy of this authorization shall be considered valid until withdrawn in writing by my personal representative or me or I graduate from high school. If student is under the age of 18, a parent or guardian signature is required.

• If necessary to accommodate my needs, an alternative format of this authorization has been provided to me.

Student Signature	Date	
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
	tness signatures. I witness that parent/studer derstands the nature of the release and freely	