Kansas
Department for Children and Families
Rehabilitation Services

AUTHORIZATION FOR RELEASE OF INFORMATION TO VR

Name of student: _____

Date of birth: _____ Social Security Number: _____

If the student has a legal guardian or representative, also complete the following information:

Name of guardian or representative: _____

Guardian's phone: _____ Guardian's email: _____

I give permission for Pre-ETS staff and Vocational Rehabilitation (VR) staff to share necessary information about me and my case records to coordinate services and help me get a job.

Select one:

☐ I am the student for whom this Release of Information applies.
☐ I am the legal guardian or representative of the student for whom this Release of Information applies.

Name (print)_____

Signature _____ Date _____

Witness _____

Specifications of the date, event or condition upon which this consent expires: This release may be revoked at any time by contacting the Rehabilitation Services office listed at the bottom of this page. It will automatically expire within one (1) year of the signature date listed above.

Prohibition on redisclosure: Federal regulations (34 CFR Part 361 and/or 45 CFR Part 2) prohibit any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500 in the case of first offense, and not more than $5,000 in the case of each subsequent offense. [Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 USC 4582)]