



Transition Services Consent & Information Release

Note to Parent or Guardian: Your signature on this form gives permission for Vocational Rehabilitation (VR) staff to receive education records and information regarding the student named below from the school named below to determine if he or she is eligible to receive transition services from VR. If eligible, your son, daughter, or ward will receive assistance in planning for work or training after their graduation from high school. VR is a joint state and federally funded program of the Nebraska Department of Education and works in cooperation with Nebraska high schools. There is no cost to you for the services your son, daughter or ward may receive from Vocational Rehabilitation staff. We look forward to working with your student and hope to have an opportunity to talk to you in the near future.

Student name		NDE Student ID		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School			School Contact name		
Date of birth	Social Security Number	Grade	Expected graduation date	Home phone	
Student address		City		ZIP	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> *No			*If I am not a U.S. citizen, I agree by signing this consent to provide a copy of my USCIS documentation upon request. My alien number is _____		
*If no, my immigration status is _____					

Parent, guardian or representative name		Signator phone:		Work _____	
		Home _____		Cell _____	
Parent, guardian or representative address (if different than student)		City		ZIP	
Parent, guardian or representative e-mail address			Please indicate the best way to contact you: <input type="checkbox"/> Email <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone		
Who, besides the parent/guardian, would always know the student's address and phone number?					

I give VR permission to help my student plan for the future. This may include help to:

- Participate in Career Exploration Activities.
- Learn habits, attitudes, and behaviors for work.
- Learn skills for adult living.
- Take part in community work experiences.
- Learn about his or her strengths, abilities, and capabilities for work and adult living.
- Identify goals for work and adult living.
- Learn language, mathematics, and reasoning skills for work.

I give the above school permission to release and allow electronic access to all records about my child to VR, including but not limited to:

- School Multidisciplinary Team Report.
- Individual Education Program (IEP).
- Psychological Evaluations and reports.
- Work experience information and records.
- School cumulative grade records, including standardized test results.
- School grades and progress reports.

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate and I understand that this information may be used to verify the student's lawful presence in the United States. I give my consent for Vocational Rehabilitation to exchange information with authorized school staff and/or authorized non-school personnel, such as mentors and Assistive Technology specialists, and Educational Service Unit staff. If eligible for services, I give permission for the student named above to receive Transition services, apply for and receive services in VR's Employment Program, and to participate in the development of an Individualized Plan for Employment (IPE). In addition VR can exchange information with the following persons, programs, or agencies serving my child:

Vocational Rehabilitation will not re-release the education records it receives from the above named school to any other person, program, or agency without my written consent unless it is required by law. I may end this consent at any time by providing VR a signed and dated statement to that effect. In any event, it will end one year from the date my child no longer receives VR services.

<input checked="" type="checkbox"/>	Parent, guardian, or representative	Date	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Guardian <input type="checkbox"/> Professional Caregiver <input type="checkbox"/> Other, please specify _____
<input checked="" type="checkbox"/>	Student	Date	<input checked="" type="checkbox"/> Vocational Rehabilitation _____ Date