

Pre-Employment Transition Services Consent and Information Release

Parent or Guardian: Your signature on this form gives consent for Vocational Rehabilitation (VR) staff to receive education records and information about your student named below. VR will make a request to the school listed below. Staff can then find out if your student is eligible to get pre-employment transition services from VR. VR is a joint state and federally funded program of the Department of Human Services. VR works in cooperation with Oregon high schools. Your student can receive services from Oregon VR staff at no cost. We look forward to working with your student.

Student name		SSID (Secure Student ID) #	Grade
Expected graduation date	School	School contact name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify			Date of birth
Student address		<i>Please completely fill out the section below. Check the box indicating the best way to get a hold of the student.</i>	
City			
State	ZIP		
Describe your disability or work limitations	Are you (pick one or more):		<input type="checkbox"/> Email
	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American		<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Text
			Best time to contact student
			Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or guardian name		<i>Please completely fill out the section below. Check the box indicating the best way to get a hold of the parent or guardian.</i>	
Parent or guardian address (if different than student)			
City			
State	ZIP		
		<input type="checkbox"/> Email	
		<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone	
		<input type="checkbox"/> Cell phone <input type="checkbox"/> Text	

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

- Take part in job exploration activities.
- Learn habits, attitudes and behaviors for work.
- Learn skills for adult living, including self-advocacy.
- Take part in community work experiences.
- Learn about his or her strengths, interests and abilities for work and adult living.
- Identify goals for work and adult living.
- Explore post-secondary training options.

I give the above school permission to release and allow electronic access to all records about the student to VR. These records may include the below, along with other records.

- Summary of performance.
- [Individualized Education Program \(IEP\)](#).
- Psychological evaluations and reports.
- 504 accommodation plan.
- Work experience information and records.
- School grades and progress reports.
- Career exploration information.

I testify that my responses and the information provided on this form for services are true, complete and accurate. I give my consent for Oregon VR to exchange information with authorized school staff. I also give my consent for Oregon VR to exchange information with authorized non-school personnel, such as mentors and assistive technology specialists, and Transition Network Facilitators. In addition, VR can exchange information with the following persons, programs or agencies serving my child:

Oregon VR will not rerelease education records it receives from the named school to any other person, program or agency without my written consent unless required by law. I may end this consent any time by giving VR a signed and dated statement. In any event, it will end one year from the date the student no longer receives VR services.

Parent or guardian signature:	Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <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:
Date:	
Student signature:	Date:

Please complete this form and send it by either method below:

- Email: pre.ets@dhsosha.state.or.us
- Fax: 503-945-5025

A VR or schools staff member will contact you about your request.



You can get this document in other languages, large print, braille or a format you prefer. Contact Vocational Rehabilitation at 503-945-5880 or email pre.ets@dhsosha.state.or.us. We accept all relay calls or you can dial 711.