



SCVR 37c
Rev. 06/18

South Carolina Vocational Rehabilitation Department

School District Referral and Parent/Guardian/Authorized Representative Service Request and Permission to Release and/or Exchange Information

I. Referral from the Dorchester County School District to the South Carolina Vocational Rehabilitation Department.

Student's Name: _____ Date: _____

Address: _____, _____

Date of Birth: _____ Telephone Number: _____

Reason(s) for referral: _____

Any known functional limitation(s): _____

II. Parent/Guardian/Authorized Representative Request and Permission

I am interested in and am requesting services for the above-named student from the South Carolina Vocational Rehabilitation Department (SCVRD).

I further request and authorize the SCVRD and the Dorchester County School District to release and exchange between them any information that these programs determine to be of assistance in the student's rehabilitative process. I also release and discharge the SCVRD and its representatives from any and all claims, demands, liability, and damages whatsoever which may hereafter be sustained or incurred by the student arising from such services. I understand that he/she will not be subjected to segregation or separate treatment. Upon the student being determined eligible for services, I understand that it will be necessary to meet with an SCVRD Counselor/ Employment Coach to review and approve an Individualized Plan for Employment. Upon approval, these services will be provided to the student without regard to race, color, national origin, or disabling condition(s).

Student's signature

Parent's, guardian's or authorized representative's signature

Relationship to Student

Date