STATE OF COLORADO
Department of Labor and Employment
DIVISION OF VOCATIONAL REHABILITATION

Release of Information

Authorization for Disclosure to/from the Division of Vocational Rehabilitation (DVR)

NAME: (Last, First, MI)	SOCIAL SECURITY NUMBER	BIRTHDATE

I authorize the disclosure of my protected information, as follows:

Disclosure of information from:	Disclosure of information to:
District 6: SWAP / DVR 1424 13th Ave, Greeley, CO 80631 Phone: 970-348-1080 Fax: 970-348-1082	Parent / Guardian of SWAP client Phone: Fax:

The type and amount of information to be disclosed:

- ☐ Medical records including diagnoses, prognoses, treatment plans, medical recommendations, current general health status, and employment limitations imposed by disability.
  Limited to medical records from _____ to_____.
- ☐ General Physical Exam
- ☐ Visual Report
- ☐ Audiological Evaluation
- ☐ HIV/AIDS Information
- ☐ Psychiatric/Psychological testing/reports: including DSM IV-R diagnosis & functional limitations to employment.
- ☐ Drug/alcohol treatment records
- ☐ Vocational information, including vocational evaluations, recommendations, employment barriers, plans, and progress reports.
- ☐ Pre-sentence investigation report (PSIR)
- ☐ Academic testing/Transcripts
- ☐ Educational Records (IEP/504/EDR/Triennial)
- ☐ Financial Aid Award Letter
- ☐ Accommodation/Employment Needs
- ☐ Service Record Information from ___ to ____
- ☐ Permission to exchange information (verbal/written)
- ☐ Third Party E-Mail/Electronic Communication
- ☐ Other Information:

☐ **Electronic Information Exchange:** I authorize use of e-mail and/or other electronic devices by DVR for exchange of information with me. I understand that there are no security features in place to assure confidentiality.

The information identified above is necessary for: Determination of eligibility and planning for rehabilitation services.

Date upon which this authorization will expire: case closure or _____

Authorization for Disclosure: (A photocopy or fax of this release is as effective as the original):

- I understand the information released by this authorization may include personally identifying information concerning physical and mental disabilities, alcohol/drug abuse, HIV/AIDS, medical history, criminal history, and educational/vocational records.
- I understand that this authorization for disclosure is voluntary and that I can refuse to sign this authorization. I understand that DVR cannot condition eligibility for or the provision of services on the signing of this authorization, except as otherwise permitted by law.
- Parties to whom DVR provides information are prohibited under federal regulations (34 CFR 361) from further releasing the information without my express written consent. However, I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure by the party receiving it. I also understand the specific rules governing DVR's re-disclosure of information obtained under this release, which are identified in DVR's Rights and Responsibilities document signed by me on _____
- I understand this authorization remains in effect until the above stated date. I understand that I may revoke this authorization by written notification to DVR at any time except to the extent that action has already been taken based on this authorization. I understand that revocation will not apply to information released prior to the revocation.

By my signature, I certify that I have received a copy of this release form.

_____
Signature of Individual Date

_____
Signature Parent, Guardian, or Authorized Representative Date

_____
Print Name Relationship

NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING DVR RECORDS

This information is being disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (34-CFR Part 361) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for release of information is NOT sufficient for this purpose.