

PRE-EMPLOYMENT TRANSITION SERVICES RELEASE

STUDENT INFORMATION

*FIRST NAME		MI	*LAST NAME		*DATE OF BIRTH
*MAILING ADDRESS			SOCIAL SECURITY NUMBER		PID
*EDUCATIONAL DISABILITY PROGRAMMING (select one) ☐ IEP ☐ 504 Plan ☐ None (Self-Disclosure of Disability)				*BJJS/PACTT Student ☐ Yes ☐ No	
*RACE (select one) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian Native/Other Pacific Islander ☐ White ☐ Do not wish to disclose					
*ETHNICITY (select one) ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Do not wish to disclose			GENDER (select one) ☐ Male ☐ Female ☐ Do not wish to disclose		*ANTICIPATED SCHOOL EXIT DATE
					SCHOOL/COLLEGE
*GRADE	*COUNTY OF RESIDENCE Butler	*SCHOOL DISTRICT OF RESIDENCE Seneca Valley School District		PHONE NUMBER ☐ Parent ☐ Contact during daytime hours? ☐ Cell ☐ Home ☐ Work	
PARENT NAME(S)		E-MAIL ADDRESS			

RELEASE INFORMATION

The Office of Vocational Rehabilitation's (OVR) Pre-Employment Transition Services (Pre-ETS) help students with disabilities learn about themselves, understand work requirements, practice work skills, explore training options, and choose a career that may be further explored through individualized Vocational Rehabilitation Services.

This release will remain valid until I exit from the school named above. I acknowledge that in completing this release for Pre-ETS, OVR may obtain or release confidential personal information (Full Name, Date of Birth, Ethnicity, Race, County of Residence, Contact Information, School District of Residence, Current Grade Level, Anticipated Exit Date, Pre-ETS Progress Reports, and Educational Programming Status) about me as follows:

- to purchase services or provide services for me from the following Pre-ETS providers (please include provider name and address):
- to collaborate with OVR providers and partners on my behalf;
- to report my progress to the school listed above;
- when required to disclose it pursuant to law or regulations;
- to exchange information regarding my participation in Pre-ETS, to the extent it facilitates cooperation between the school, a Pre-ETS provider, and OVR regarding scheduling of services.

This authorization or a true and accurate copy of this authorization shall be considered valid until withdrawn in writing by my personal representative or me or I exit high school. If student is under the age of 18, a parent or guardian signature is required.

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| Student Signature | Date |
| Parent/Guardian Name (Print) | Parent/Guardian Signature |
| | Date |

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|-------------------------|------|--------------------------|------|
| First witness signature | Date | Second witness signature | Date |
|-------------------------|------|--------------------------|------|