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Georgia Vocational Rehabilitation Agency

Date: \_\_\_\_\_

Dear Parent or Guardian:

The Georgia Vocational Rehabilitation Agency (GVRA) is working with students at \_\_\_\_\_ who receive services under the Individuals with Disabilities in Education Act and individuals who are considered to have a disability under Section 504 of the Rehabilitation Act. These services are designed to provide your child with opportunities to receive the training and other services necessary to achieve competitive integrated employment.

The services may include any or all of the following:

- Job exploration counseling;
- Work-based learning experiences, which may include in-school, after school, or community-based opportunities;
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education;
- Workplace readiness training to develop social skills and independent living; and
- Instruction in self-advocacy, including peer mentoring.

In order to provide these services to your child, this form must be completed, signed, and returned to \_\_\_\_\_.

Your signature below will authorize GVRA to obtain verification that your child has a disability and will also authorize the school to provide GVRA any career/vocational assessments that have already been completed. . In addition, GVRA will obtain your child's grades/transcripts to verify progress as a result of receiving services. This information will be held strictly confidential and will not be released by this agency without obtaining your permission.

Any facsimile, copy, or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect for one year unless I have initialed below:

\_\_\_\_\_The period necessary to complete all services provided to my child while they have an open case at GVRA which may be more than one year from the date below.

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

School Use Only: IEP \_\_\_\_\_ 504 \_\_\_\_\_ Other documentation of disability \_\_\_\_\_