

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

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.

