Iowa Workforce Development
Vocational Rehabilitation Services

Kim Reynolds, Governor
Chris Cournoyer, Lt. Governor
Beth Townsend, Executive Director
Brandy McOmber, Administrator

CONSENT TO RELEASE INFORMATION TO AND FROM IVRS

I consent to:

SCHOOL DISTRICT:

and

AREA EDUCATION AGENCY:

releasing

Name of Student's ("Student"):

education records to Iowa Vocational Rehabilitation Services for the purpose of determining whether the Student may be considered for participation in IVRS programs, identifying IVRS services from which the Student may benefit, or both. I understand that this consent pertains to all records related to the Student, regardless of how they are stored or in what format they exist, including special education records (IEPs, special education evaluation reports and other eligibility information), Section 504 records (504 Plans, 504 evaluation reports and other eligibility information), special education and general education progress measurement data, transcripts, statewide and districtwide assessment results, and any other education record contained within the Student's permanent record or cumulative Record.

I also consent to Iowa Vocational Rehabilitation Services releasing all of 's information related to pre-employment transition services and/or other services received, including the individual's plan for employment to School District and/or Area Education Agency. I understand this information will be shared for the purpose of providing appropriate special education services and related services.

I understand that the granting of this consent is voluntary on my part and it may be revoked at any time. I understand that if I revoke consent, that revocation is not retroactive (i.e., it does not negate ("undo") an action that has occurred after I gave consent and before I revoked consent. I further understand that this consent does not constitute a request or application for IVRS services.

This consent is valid until I revoke it.

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Parent/Guardian Signature Date