



# Transition Parental Permission Form

**Note to Parent or Guardian:** Your signature on this form gives permission for Georgia Vocational Rehabilitation Agency VR staff to receive education records and information regarding the student named below to determine if he or she is eligible to receive Transition Services from VR. GVRA is a joint state and federally funded program and works in cooperation with Georgia high schools. We look forward to working with you and your student to assist them in developing the skills needed for successful employment.

Student name		GTID#	SS #	Grade	Expected graduation date
School		School contact name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Home phone	Cell phone		Student email		
Student address			City	ZIP	
Notes			Are you (pick one or more): <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African American		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent, guardian or representative name	Parent/Guardian/Representative phone: Home _____
Parent, guardian or representative email address	Work _____ Cell _____

I give VR permission to help my student plan for the future. This may include help to:

- Participate in Job Exploration Activities.
- Learn about his or her strengths, abilities, and capabilities for work and adult living.
- Learn habits, attitudes, and behaviors for work.
- Identify goals for work and adult living.
- Learn skills for adult living.
- Explore post-secondary training options.
- Take part in community work experiences.

I give the above school permission to release and allow electronic access to all records about my child to VR, including but not limited to:

- Individual Education Program (IEP).
- Work experience information and records.
- Psychological Evaluations and reports.
- School cumulative grade records, including standardized test results.
- 504 Accommodation Plan.
- School grades and progress reports.
- Career exploration information.

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate. I give my consent for GVRA VR Program to exchange information with authorized school staff and/or authorized non-school personnel. In addition VR can exchange information with the following persons, programs, or agencies serving my child:

\_\_\_\_\_

GVRA will not re-release the education records it receives from the above named school to any other person, program, or agency without my written consent unless it is required by law. I may end this consent at any time by providing VR a signed and dated statement to that effect. It will end one year from the date my child no longer receives VR services.

<input checked="" type="checkbox"/> Parent, guardian, or representative	Date	<input checked="" type="checkbox"/> (If student is under 18 years old) I give permission for my student to sign forms related to transition planning, including a possible application for VR services to continue after high school. _____ Yes _____ No	
<input checked="" type="checkbox"/> Student	Date	Georgia VR	Date