



Pre ETS Release of Information

04/2020

Releasing and Obtaining Information. In general, Nebraska VR will only release information about me according to my written consent below. However, VR will release information without my consent, according to federal regulations, in response to a court order, or if a law, the need to protect me or others, or an investigation for law enforcement, fraud, or abuse requires release. VR will only use this release to obtain information that is necessary and relevant to my vocational rehabilitation process.

Organizations and Individuals. VR has permission to exchange (release and receive) information about me with the following organizations or individuals:

- | | |
|--|--|
| Client Assistance Program | Parent Training & Information (PTI) |
| Employers (past, current, prospective) | Third Party Employment and Income Verification |
| Disability Determinations Section | Student Financial Aid and Disability Services Offices at |
| Nebraska Board of Parole/Probation Supervision | _____ |
| Nebraska Department of Correctional Services | Community Rehabilitation Programs, Centers for Independent Living |
| Secondary schools | or other entities or persons that provide or will provide services to me |
| Social Security Administration | under a written agreement with VR |
| Physicians, psychologists, licensed medical providers, | Others (including family members) _____ |
| hospitals or treatment centers that have treated or | Assistive Technology Partnership (ATP) |
| will treat me _____ | Educational Service Units |
| NE Department of Health and Human Services | Summer Transition Program Contractor |
| Post-secondary institutions | Nebraska Workforce Development System |
| Nebraska Department of Education | |

List any programs or persons you **do not** want us to share information with.

Types of Information. VR has permission to exchange (release and receive) the following information about me:

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|---|--|
| Information on my Application | Information about receipt of public or private benefits |
| Vocational tests, assessment scores and/or analysis | Hospital exams and summaries |
| Medical or psychological records including narrative reports | Training information |
| School grades, transcripts, test results and progress reports | Employment information and records |
| Information about my service goals, services provided, | Psychological testing records including psychometric test scores |
| progress, and eligibility for financial aid | Verification of work hours, earnings/benefits |
| School Multidisciplinary Evaluation Team verification and | Safety Plan |
| individual education program (IEP) records | Behavioral Intervention Plan |
| Drug or alcohol treatment records (including AIDS/HIV) | Functional Behavioral Assessment |
| Other information _____ | |

List any types of information you **do not** want us to share.

Consent to Release and Exchange Information: I authorize the use of this Information Release, or a photocopy or fax of it, to obtain information and to release or exchange the information listed from organizations, agencies, entities or persons listed. I understand I may revoke all or part of this consent at any time by providing a written notice to VR. In any event, my authorization will end on the day I cease to be an applicant for, or recipient of, services (including Post Employment services) from Nebraska VR. I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy laws or regulations except for federal and state privacy laws and regulations concerning release of personal information of applicants for and eligible individuals receiving rehabilitation services. I understand that if the information in my health record includes information relating to behavioral or mental health services, treatment for alcohol and/or drug abuse, sexually transmitted disease, Hepatitis B or C testing, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), I agree to its release.

Student (Print Name)	Date of Birth
X	X
Student Signature	Date
X	X
Authorized Representative	Date