

Transition Notification
Referrals for Vocational Rehabilitation Services

From: School _____
Address _____
Phone _____
Responsible Local
Education Authority Staff _____

To: Local Rehabilitation Office Liberal SRS District Office
Address Department of Social and Rehabilitation Services
615 N. Kansas
Liberal, KS 67901
Phone (620) 626-3700
Chad Jones
Attn: Ronda Fuller

Student: Name _____
Address _____
Phone _____
Social Security Number _____
Birth Date _____
Expected Date to Complete
Or exit school _____

- Notification Accompanied by:
- * Signed release of information
 - * Current IEP
 - * Current three year evaluation
 - * Psychological testing information as recent as
age 16 if available

CONSENT FOR REFERRAL/RELEASE OF INFORMATION

Below is the signature authorization for _____ to be referred for Vocational
Rehabilitation Services. I hereby consent to the release of the information to be sent to Rehabilitation
Services for vocational rehabilitation planning.

Signature of Student _____ Date _____
*Signature of Parent/Legal Guardian (if appropriate) _____ Date _____

If signed by parent/legal guardian, please provide address and phone number if different than the student's.

Address: _____
Phone: _____
Reasonable accommodations needed: _____