

Kansas Department of Social and Rehabilitation Services
Rehabilitation Services

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
Attn: Sandra Miller

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: _____