

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	<u> </u>	Gender □ Male □ Female	Date of birth		
Home phone	Cell phone	9		Student email			
Student address			•	City	ZIP		
Notes				Are you (pick one or more): ☐ White ☐ Asian ☐ American Indian or Alaska Native ☐ Pacific Islander or Native Hawaiian ☐ Black or African American	Are you Hispanic or Latino? ☐ Yes ☐ No		
Parent, guardian or representative name			Parent Home	/Guardian/Representative phone:			
Parent, guardian or representative email address			Work Cell				
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I give VR permission to help my student plan for the future. This may include help to:

- Participate in Job Exploration Activities.
- Learn habits, attitudes, and behaviors for work.
- Learn skills for adult living.
- Take part in community work experiences.

- Learn about his or her strengths, abilities, and capabilities for work and adult living.
- Identify goals for work and adult living.
- Explore post-secondary training options.

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).
- Psychological Evaluations and reports.
- 504 Accommodation Plan.

- Work experience information and records.
- School cumulative grade records, including standardized test results.
- 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.

X		(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.		
Parent, guardian, or representative	Date	Yes	No	
X				
Student	Date			