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AUTHORIZATION FOR RELEASE OF INFORMATION

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CEVEC STUDENT		
I,		authorize CEVEC to release or obtain the following information to/from:
	X Opportunities for Ohio	relopmental Disabilities oans with Disabilities (OOD/BVR) tion Public and Private Partnerships (VRP3) / District of Placement
	Other:	
	X Career assessment	X Copy of social security card
	X Phone number	X Psychology report
	X IEP/goal setting sheet	X Medical information
	X Competencies	X Multi-factored evaluation
	X Birth certificate	X Other Assessments, Plans, Personal Information
	X SSI/SSDI verification	X CEVEC Social Worker
	X Resume	
and/or vo	above information may be released or obtocational program and for the coordination dividual or agency.	ained. This information will be used for planning my educational of CEVEC services with any other service I may be receiving from the
revoked a		fter the date the student exits CEVEC. This authorization may be g. Note: revocation will not have any effect on actions taken by CEVEC ice.
I have rea	ad and understand this agreement.	
Student		Parent/Guardian
Date		Date