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AUTHORIZATION FOR RELEASE OF INFORMATION

of

CEVEC STUDENT

I, _____ authorize CEVEC to release or obtain the following information to/from:

- County Board of Developmental Disabilities
- Opportunities for Ohioans with Disabilities (OOD/BVR)
- Vocational Rehabilitation Public and Private Partnerships (VRP3)
- District of Residence / District of Placement

_____ Other: _____

- | | |
|--|--|
| <input checked="" type="checkbox"/> Career assessment | <input checked="" type="checkbox"/> Copy of social security card |
| <input checked="" type="checkbox"/> Phone number | <input checked="" type="checkbox"/> Psychology report |
| <input checked="" type="checkbox"/> IEP/goal setting sheet | <input checked="" type="checkbox"/> Medical information |
| <input checked="" type="checkbox"/> Competencies | <input checked="" type="checkbox"/> Multi-factored evaluation |
| <input checked="" type="checkbox"/> Birth certificate | <input checked="" type="checkbox"/> Other Assessments, Plans, Personal Information |
| <input checked="" type="checkbox"/> SSI/SSDI verification | <input checked="" type="checkbox"/> CEVEC Social Worker |
| <input checked="" type="checkbox"/> Resume | |

Only the above information may be released or obtained. This information will be used for planning my educational and/or vocational program and for the coordination of CEVEC services with any other service I may be receiving from the above individual or agency.

This authorization will remain in effect for 1 year after the date the student exits CEVEC. This authorization may be revoked at any time by notifying CEVEC in writing. Note: revocation will not have any effect on actions taken by CEVEC before CEVEC received the written revocation notice.

I have read and understand this agreement.

Student

Parent/Guardian

Date

Date